When sleep disturbance compounds depression...

**Sinequan**

settles the mind for sleep while treating the underlying depression.

- **Sedative tricyclic antidepressant.**
- **Once nightly dosage.**

**Indications:** depression with or without anxiety. **Contraindications:** glaucoma, urinary retention, hypersensitivity to the drug. **Side effects:** dry mouth and drowsiness are most commonly reported. **Precautions:** Sinequan may potentiate other compounds e.g. monoamine oxidase inhibitors; not recommended in pregnancy or children under 12 years of age. **Dosage:** range 30mg to 500mg daily in divided doses; up to 100mg may be given as a single dose at night. **Packs and Basic N.H.S. Cost:** 10mg capsules PL 57/5032, pack of 100 £2.98, 25mg capsules (PL 57/5033), pack of 100 £4.24, 50mg capsules (PL 57/5034), pack of 100 £7.01, 75mg capsules (PL 57/0133), pack of 60 £8.64.

Full information is available on request to the Company.
The Medelec MS6 System has been specially designed on the modular principle for a wide range of applications in research, diagnosis and teaching.

It is based on the MS6 Display and Fibre Optic Recording Unit which displays the acquired signals and produces inexpensive daylight developed paper records for a wide range of plug-in modules which include stimulus generators, biological amplifiers, averagers, analysers and trigger/delay units.

Medelec also offer visual and auditory stimulators, a wide range of surface and needle electrodes for stimulation and signal acquisition and other accessories.

Applications for the MS6 System include:
- Electromyography
- Sensory and Motor Nerve Conduction Velocity
- Action Potential Analysis
- Somato Sensory Responses
- Single Fibre EMG
- Neuro-Ophthalmology
- Ocular Myography and Kinesis
- Electro-Retinography
- Electro-Oculography
- Visual Evoked Potentials
- Neuro-Otology
- Electrococchleography
- Brain Stem Responses
- Nystagmography
- Evoked Response Audiometry
- Facial Nerve Measurements
- Kinesiology
- Polgon Limb Angle Studies

Medelec Limited
Manor Way
Woking Surrey GU22 9JU England
Telephone: Woking (048 62) 70331
Telex: 859141 Medlec G.

In North and South America make enquiries about comparable equipment to:
Teca Corporation, 3 Campus Drive, Pleasantville, New York 10570, U.S.A.
For all Aneurysm Clips...

Downs Surgical hold the most comprehensive range of Aneurysm Clips available.

Whatever your requirements – from the new Sugita Clips, available in thirty-nine different configurations, to any one of the nineteen different types of Aneurysm Clips we stock, together with their applying forceps.

Downs Surgical can supply.

To assist your ordering, a wall chart guide to our total range of Aneurysm Clips is available on request.

Downs Surgical Limited

To: Downs Surgical Limited, Church Path, Mitcham, Surrey CR4 3UE, England.
Please send me further details of Downs range of Aneurysm Clips Please send me your Aneurysm Clip wall chart guide

Name

Position

Hospital (if applicable)

Address
Presentations
(1) Lilac-coloured enteric coated tablets containing 200mg or 500mg sodium valproate (Epilim 200 enteric coated/Epilim 500 enteric coated).
(2) Red cherry-flavoured syrup containing 200mg sodium valproate per 5ml (Epilim Syrup).

Indications
Epilepsy. In women of childbearing age, Epilim should be used only in severe cases or those resistant to other treatment.

Dosage and Administration
To be taken with or after food; tablets should be swallowed whole.
Adults: Initially 600mg/day in divided doses, increasing by 200mg/day at three-day intervals until control is achieved (maximum dose 2600mg/day).
Children over 20kg: Initially 400mg/day in divided doses, with spaced increases until control is achieved (usually in the range of 20-30mg/kg/day).
Children under 20kg: 20mg/kg/day, with spaced increases until control is achieved, up to a maximum of 50mg/kg/day.
Plasma levels of 200μg/ml should be exceeded only with caution and with monitoring of haematological function.

Contra-indications, Warnings, etc.
There are no absolute contra-indications. Side-effects: Minor gastric irritation and nausea have been observed in some patients at the start of treatment with uncoated tablets, but this can usually be overcome by using the enteric coated tablet, or relieved by standard medication.
Transient hair loss has occurred in some patients; tremor, occasionally seen at high dosages, may be controlled by reduction of dosage. Oedema has been reported. Reversible prolongation of bleeding time and thrombocytopenia have been reported, but usually at doses above those recommended. Spontaneous bruising or bleeding is an indication for withdrawal of medication pending investigation. Patients receiving Epilim should be monitored for platelet function before major surgery.

Liver dysfunction, including hepatic failure resulting in fatalities, has occurred in a few patients whose treatment included Epilim. These incidents occurred during the early months of treatment. Although a causal relationship has not been established, it is recommended that liver function be investigated prior to commencing therapy and monitored at two-monthly intervals thereafter for up to six months. Should liver dysfunction be suspected, immediate withdrawal of the drug is indicated, prior to full investigation of the possible causes. Caution should be exercised when administering Epilim to patients with pre-existing liver disease.

Combined medication: When adding Epilim to existing anticonvulsant medication, e.g. barbiturates, the sedative effects of the latter may be enhanced, and it may therefore be necessary to reduce their dosage. As Epilim may potentiate the effect of mono-amine oxidase inhibitors and other antidepressants, dosage of such compounds should also be reduced. Diabetic patients: Epilim may give false
Epilim 200 enteric coated

Following the success of the Epilim 600 enteric coated tablet in improving gastrointestinal tolerance of high dose Epilim treatment, Reckitt & Colman are pleased to announce the availability of Epilim 200 enteric coated.

This new tablet provides the same advantage in terms of acceptability and means that enteric coated tablets can be prescribed when the dosage regimen requires both 500 mg and 200 mg tablets.

For this new improved dosage form, your prescription should specify:

Rx Tabs Epilim 200 enteric coated

Women of child-bearing age. Seizure uncontrolled, signs of status epilepticus, or complications, metastasis, or brain tumor. In children, convulsions associated with fever.

So many patients with epilepsy are controlled by...
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benzserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 12.5mg benzserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 25mg benzserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 50mg benzserazide hydrochloride (equivalent to 50mg of the base).

Indications
Parkinson’s – idiopathic, post-encephalitic.

Dosage
Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one capsule every third or fourth day may suffice. Patients who experience fluctuations in response may also benefit from administration of smaller more frequent doses using Madopar 62.5.

Contra-indications
Narrow-angle glaucoma; severe psychoneuroses or psychoses. It should not be given: in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal; to patients under 25 years of age; to pregnant women; or to patients who have a history of, or who may be suffering from, a malignant melanoma.

Precautions
Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or cardiovascular disease, hepatic disorder, peptic ulcer, osteoporosis; sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities gradually as rapid mobilisation may increase the risk of injury.

Side-effects
Nausea and vomiting; cardiovascular disturbances; psychologic disturbances; involuntary movements.

Packings
Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100.

Licence Numbers
0031/0125 (Madopar 62.5 capsules); 0031/0073 (Madopar 125 capsules); 0031/0074 (Madopar 250 capsules).

Basic NHS Cost
Madopar capsules 62.5 £0.49 per 100
Madopar capsules 125 £2.29 per 100
Madopar capsules 250 £6.85 per 100

References:
2. Neurology. 1979;23:1584

Mozart, in his Clarinet Quintet, achieved harmony with a balance of 4+1.

Roche, with Madopar, struck the right balance of 4+1 with levodopa and the decarboxylase inhibitor benzserazide. Chosen from several ratios as the one giving the best results in clinical practice; this combination has proved its rightness over a decade of clinical experience.

The 4+1 preparation of levodopa and benzserazide has recently added another string to its bow. In a comparative trial it was shown to be preferred by patients to a 10+1 preparation of levodopa and carbidopa because of its better gastro-intestinal tolerance in the critical first three months of treatment.

Madopar
levodopa plus benzserazide
balanced for optimal performance in Parkinson’s disease
62.5, 125 and 250
Dilantin® is indicated for the relief of spasticity in multiple sclerosis, other spinal lesions, and also for the treatment of spasticity of cerebral origin, especially in young adults under 25 years of age. Dosage is advisable to commence treatment with 100mg at each of the three initial doses, with further upward gradations of 50mg to 150mg as required, until the optimum effect is achieved. Satisfactory response is usually obtained with doses up to 400mg daily, but careful adjustment is often necessary to meet the varying needs of individual patients. Dilantin® is contraindicated in patients known to be hypersensitive to ethosuximide. There have been occasional reports of serious skin reactions, particularly angioneurotic edema, following the treatment of patients with different forms of epilepsy, including generalized and partial seizures, absence attacks, and status epilepticus. The concurrent use of Dilantin® and phenobarbitone can produce a synergistic effect on the metabolic rate of Dilantin® and may result in increased sensitivity to Dilantin®. In patients with hypersensitivity to Dilantin® it is important to observe the patient closely for any signs of sensitivity. Patients treated with Dilantin® should be warned to report immediately any symptoms of allergic reaction, particularly those associated with edema of the skin and mucous membranes.
JOURNAL OF MENTAL DEFICIENCY RESEARCH

Editor: Dr. B. W. Richards

THE JOURNAL OF MENTAL DEFICIENCY RESEARCH contains original research on medical and psychological problems relevant to mental subnormality.

Yearly Subscription £16.00
U.S.A. $40.00

Recent articles include:

Treatment of Self-Injurious Behaviour with a GABA (Gamma-Aminobutyric Acid) Analogue, D. A. Primrose.


Blood Pressure in Down's Syndrome, B. W. Richards and Fatima Enver.

Dermatoglyphic Distances and Position of 21 Trisomy Mosaics, Danuta Loesch.


Discrimination of Size, Form and Order in Mongol and Other Mentally Handicapped Children, B. Stratford.

Published by:

The National Society for Mentally Handicapped Children and Adults

Mencap National Centre
117 Golden Lane London EC1
Telephone 01-253 9433
NEW Mk. 4 E.C.T. APPARATUS
DUOPULSE, ECTONUSTIM, ECTONUS & ECTRON

ALSO
SOMLEC
ELECTRO SLEEP APPARATUS

Send for full details
ECTRON LTD
Knap Close  Letchworth  Herts SG6 1AQ  England
Telephone LETCHWORTH 2124
Cables ECTRON LETCHWORTH

new books from Blackwell

Neurological Examination in Clinical Practice
It is not often that the whole face of medical diagnosis is transformed by one particular new technique, but for the neurologist and neurosurgeon it is precisely this that has happened since the last edition of this book was published. Computerised axial tomography has brought to intracranial diagnosis a new dimension unequalled since the establishment of arteriography as a standard investigation, and is just one of the completely new areas covered by the revised edition of this famous work. In spite of these advances, Dr Bickerstaff emphasises the continued importance of bedside examination and a logical line of thought between analysis and deduction of the patient’s illness.

Neurological Complications in Clinical Haematology
G.A.B. Davies-Jones M.D. F.R.C.P., F.E.
Preston M.D. M.R.C.Path. and W.R. Timperley M.A. D.M. M.R.C.Path. 1980 256 pages, 52 illustrations. £18.50
Most haematological diseases can affect the nervous system, producing a wide range of symptoms and signs. Some of these are well recognized but others, particularly those associated with the leukaemias, platelet disorders, coagulopathies and hyperviscosity syndromes, have been defined only recently. This book deals with the neurological features of each of the main groups of haematological disorders and demonstrates the mechanisms by which neurological abnormalities are produced. It is designed for postgraduate neurologists, clinical haematologists and for those pursuing higher qualifications.

Blackwell Scientific Publications