A new depot neuroleptic to help solve the psychotic puzzle.
from OTE
a pioneering company
in neurological instrumentation

the post elaboration unit PEU for the Berg Fourier analyzer BFA
BFA + PEU = model 2264 EEG spectral data interactive computer
From May & Baker, the company that developed Largactil.

New Piportil depot is a unique phenothiazine derivative from May & Baker, the company that helped to revolutionise the treatment of psychoses with the introduction of Largactil.

Clinical trials show Piportil depot to exert a potent antipsychotic action against a wide range of symptoms: Piportil depot is a fast acting, phenothiazine, and causes minimal sedation and depression.

These benefits, together with its four week duration of action, facilitate rapid and maintained social integration for your psychotic patients, helping you to solve the psychotic puzzle.

A new way to treat the many facets of psychoses.
A new era in the treatment of Parkinson's disease begins . . .

In 1970, the arrival of L-dopa revolutionised the treatment of Parkinson's disease. This was followed, in 1973 and 1979, by the highly successful combinations with peripheral decarboxylase inhibitors.

**Now, in 1983, there is Eldepryl**

Eldepryl is a new, selective inhibitor of the enzyme responsible for dopamine breakdown in the brain. Used in conjunction with L-dopa preparations, it provides the next logical step in treatment – dopamine conservation.

The patient benefits of Eldepryl are substantial – Daily L-dopa intake can be immediately cut by 20% in most cases, reducing unwanted side effects and extending the useful life of L-dopa. Eldepryl significantly reduces akinesia, and has been shown to smooth out “on-off” effects.

With Eldepryl, there is no complicated dosage regime to remember, simply one tablet daily, together with a 20% reduction of L-dopa on the first day of treatment, is usually all that is required.

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**ELDEPRYL®**

selegiline hydrochloride

Conserves cerebral dopamine

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**Prescribing Information**

Presentation: White scored uncoated tablets 5 mm diameter containing 5 mg selegiline hydrochloride

**Indications**

Eldepryl is indicated for the treatment of Parkinson's disease, or symptomatic Parkinsonism which is being treated with levodopa alone or levodopa and a peripheral decarboxylase inhibitor. Eldepryl in conjunction with levodopa treatment is particularly indicated in patients who during maximal levodopa treatment develop on-off symptoms or other dyskinesias.

**Dosage**

When given in conjunction with established levodopa therapy the initial dose of Eldepryl is 5 mg (1 tablet) in the morning. If symptoms are very severe e.g. on-off symptoms, and little response is achieved with 1 tablet Eldepryl daily, the dose of Eldepryl can be increased to 10 mg (2 tablets) in the morning.

**Contra-indications, Warnings etc.**

Contraindications: There are no known contra-indications for the use of Eldepryl in patients receiving levodopa therapy. Warnings: Because Eldepryl potentiates the effects of levodopa, the side effects of levodopa might be emphasised. When Eldepryl is added to maximally tolerated levodopa treatment involuntary movements and agitation may occur. Levodopa treatment can be reduced by an average of 30% when Eldepryl is added to the treatment. When an optimal levodopa dose has been established the side effects of the combination are fewer than for levodopa alone. Side Effects: Hypotension and nausea have been reported as isolated symptoms associated with Eldepryl treatment. Confusion or psychosis have also been reported.

Legal Category: POM

Product Licence Number: M02900048

Basic NHS Cost Pcs of 100 tablets: £25.00 Reporting of Adverse Reactions: As a recently introduced product, any suspected adverse reactions should be reported to the Committee on Safety of Medicines, preferably on a yellow card.

Date of Preparation: October 1982

Further information is available on request from: Britannia Pharmaceuticals Limited, Lonsdale House, 7-11 High Street, Reigate, Surrey RH2 9RR.
Stesolid: Diazepam without the needle

Stesolid from Weddel.
A new concept of rectal administration of diazepam.

Stesolid is a unique system that obviates the need for needle in a variety of conditions and procedures.

Status Epilepticus—no needle
Febrile convulsions—no needle
Minor procedures of all types—no needle

There are two strengths: Stesolid 5 mg and Stesolid 10 mg

Prescribing Guidelines
Presentation: White, rectal tubes contain a water solution of 2 mg/ml of 4 mg/ml diazepam. Approximately 2.5 ml can be squeezed from each tube giving an individual dose of 5 mg or 10 mg diazepam. Uses: Diazepam is a sedative, anticonvulsant, analgesic and skeletal muscle relaxant. It is used in the treatment of anxiety, pre-operative and surgical sedation and in the management of status epilepticus and febrile convulsions. It can also be used in the management of minor surgical and dental procedures or other circumstances in which a rapid effect is required but where intravenous injection is impracticable or undesirable. Stesolid rectal tubes may be of particular value for the immediate treatment of convulsions in infants and children.

Dosage and Administration: Sensitivity to diazepam varies with age. Children: 1 to 3 years of age—One 5 mg tube. Over 3 years of age—One 10 mg tube. Adults: One 10 mg tube. Elderly patients: One 5 mg tube. Higher doses may be required in some patients. The effect is seen after 5 minutes. The contents of a further tube may be administered. Contraindications: Known sensitivity to diazepam. Acute pulmonary insufficiency, chronic pulmonary insufficiency or closed-angle glaucoma. Alcohol and barbiturates at alcohol intake may be impaired. Overdosage should be treated with supportive measures. Stesolid rectal tubes should be stored in a cool place.

Further information is available from:

Weddel pharmaceuticals
limited
Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd, LL13 9NX.
Presentation
Madopar contains a combination of levodopa and the decarboxylase inhibitor benzenzamide in the ratio of 4:1. Madopar 62.5 capsules contain 50mg levodopa and 14.25mg benzenzamide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules contain 100mg levodopa and 28.5mg benzenzamide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules contain 200mg levodopa and 57mg benzenzamide hydrochloride (equivalent to 50mg of the base).

Indications
Parkinsonism — 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 psychosis 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, psychiatric disturbances, involuntary movements.

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

Licence Numbers
0031/0129 (Madopar 62.5 capsules), 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar 250 capsules).

Basic NHS Cost
Madopar capsules 62.5 £0.41 per 100
Madopar capsules 125 £0.76 per 100
Madopar capsules 250 £1.47 per 100

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For abridged product information see overleaf
SINEMET®
Carbidopa and levodopa, MSD
Abridged Product Information

Full prescribing information is available on request and should be consulted before prescribing.

Indications
Parkinson's disease and syndrome.

Dosage and administration
Dosage variable

Patients not receiving levodopa
Usually 1 tablet of Sinemet-Plus three times a day. Adjust as necessary. Maximum daily dose is 8 tablets. If more levodopa required, substitute Sinemet-25T. 1 tablet three or four times a day. If further titration needed, increase Sinemet-25T to maximum 8 tablets a day.

Patients receiving levodopa
Discontinue levodopa at least twelve hours (24 hours for slow-release preparations) before starting Sinemet. Use Sinemet approximately 20% of previous daily dosage of levodopa.

Usual starting dose: Sinemet-25T 1 tablet three or four times a day.

Patients requiring less than 1,500 mg levodopa a day start with Sinemet-Plus 1 tablet three or four times a day. Maximum is 8 tablets a day.

Contra-indications
Narrow-angle glaucoma, known hypersensitivity. Do not use in patients with history of melanoma or with suspicious undiagnosed skin lesions. Discontinue MAO inhibitors at least two weeks before starting Sinemet.

Pregnancy and lactation
Not recommended in lactating mothers. Use in women of childbearing potential requires that anticipated benefits be weighed against possible hazards should pregnancy occur.

Precautions
Not recommended for drug-induced Parkinsonism. Use cautiously in patients with severe cardiovascular or pulmonary disease, bronchial asthma, renal, hepatic, endocrine disease, psychoses, chronic wide-angle glaucoma, a history of myocardial infarction, and when receiving antihypertensives (adjust dosage as necessary). Monitor carefully for mental changes, depression, or suicidal tendencies, and other serious antidepressant behavior. Observe carefully patients with history of severe involuntary movements or psychoses when Sinemet is substituted for levodopa.

GI haemorrhage may occur in patients with history of peptic ulcers if general anaesthesia is required. Sinemet may be continued whilst patient permitted oral intake. Usually daily dosage may be given when oral medication is possible. Transient abnormalities in renal function tests, liver function tests, and prothrombin time may occur without evidence of disease.

Not recommended for children under 18 years of age.

Side effects
Chorea, dystonia, and other involuntary movements are most common. Other mental changes are less common. Less frequent are cardiovascular irregularities, the 'on-off' phenomenon, GI intolerance, and dizziness.

Rarely: GI bleeding, duodenal ulcer, hypertension, phlebitis, leucopenia, and agranulocytosis. Positive Coombs test reported but haemolytic anaemia extremely rare. Other side effects include psychiatric, neurological, GI, dermatological, respiratory, urogenital, and generalised side effects. Other abnormalities in laboratory tests

Basic NIS cost:
Sinemet-Plus (25 mg carbidopa/100 mg levodopa BP) tablets £13.07 per 100 pack. Sinemet-25T (25 mg carbidopa/250 mg levodopa BP) tablets £14.89 per 100 pack. Sinemet-110 (50 mg carbidopa/100 mg levodopa BP) tablets £27.70 per 100 pack.

Product licence numbers:
Sinemet-Plus 00285/0150
Sinemet-25T 0025/0093
Sinemet-110 0025/0014
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Paediatric Neurology
Edited by Edward M. Brett
1983 624 pages illustrated hardback £45.00
Paediatric neurology is an area of medicine which is advancing at an increasingly rapid rate. This inevitably means that some knowledge is quickly outdated, and that experts have differing views in some areas. In this up-to-date book, the editor states his personal opinions while also acknowledging conflicting views where these exist. The book stresses the importance of the clinical approach to paediatric neurology with an accurate history as an essential component of clinical diagnosis.

Topics covered include:
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- progressive neurometabolic brain diseases
- ataxia epilepsy and convulsions
- specific disorders of learning: motor skills and language
- intracranial and spinal cord tumours
- inherited disorders of urea cycle and organic acidaemias
- myelomeningocele

Clinical Neuro-Otology
(Clinical Neurology and Neurosurgery Monographs)
Peter Rudge
1983 352 pages illustrated hardback £20.00
This book reviews current physiological concepts related to neuro-otology at the clinical level, and combines audiological, vestibular and ophthalmological specialties into a compact clinical volume.

It comprises three main sections:
[a] basic physiology of the vestibular and auditory systems
[b] techniques of assessment of vestibular and auditory abnormalities
[c] diseases causing abnormalities of the vestibulocochlear system

In the section on techniques of assessment, there is a chapter on auditory evoked potentials, which is a new and powerful technique used in the assessment of patients.

Opioid Peptides
Edited by J. Hughes
1983 104 pages illustrated paperback £10.00
The comparatively recent discovery of opioid peptides has led to many new areas of scientific investigation and discovery. The literature has been expanding at a rapid pace, and it was this growth in the information available and the existing gaps in knowledge which led to the publication of a British Medical Bulletin on the subject. The contents of this book are identical to the January 1983 issue of the British Medical Bulletin and are made available in this format for non-subscribers. The papers presented here reflect the major areas of current research and interest.

Illustrated Guide to Malformations of the Central Nervous System at Birth
Norman C. Nevin and Josephine A. C. Weatherall
1983 64 pages 31 colour + 11 line illustrations hardback £8.95
This publication is designed to enable medical personnel to classify malformations of the CNS visible at birth as accurately and uniformly as possible. There is a foreword and a brief description of how to examine a newborn infant. This is followed by descriptions, colour photographs and line drawings of 12 of the 13 major congenital malformations of the CNS, including: anencephalus, encephalohy, spina bifida, cranial meningocele, hydrocephaly, arhinencephaly and microcephaly. An appendix includes a classification of the CNS malformations along with variants and many synonymous terms.

If you would like further information on any of the above titles, please write to:
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ABC OF BRAIN STEM DEATH

The subject of brain stem death still arouses misconceptions—witness the response to the BBC Panorama programme on transplantation and brain death. In a series of articles in the BMJ Dr Christopher Pallis dispelled some of the misconceptions, examined the concepts underlying our ideas of death, and described the practical aspects of diagnosing brain stem death. These articles have now been collected into a book together with additional material on the wider aspects of the subject, including some of the neurological controversies.

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Journal of Mental Deficiency Research

Published on behalf of the Royal Society for Mentally Handicapped Children and Adults

In 1982, Journal of Mental Deficiency Research celebrated its twenty-fifth anniversary. These years have seen remarkable developments: identification of Down’s anomaly; behavioural techniques; screening methods; infant intervention programmes; normalization philosophy and community care; errorless learning; verbal and non-verbal communication approaches; amniocentesis; the sex chromosome disorders; the Fragile X chromosome disorders; secondary prevention; demographic changes; and enlightenment.

The pace of change in the next twenty-five years will increase. This journal will continue to evaluate and record important medical, social and educational advances.

Manuscripts for publication should be submitted to the Editor, Dr W.I. Fraser, Blackwell Scientific Publications Ltd, 8 John Street, London WC1N 2ES, England.

Subscription Information
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