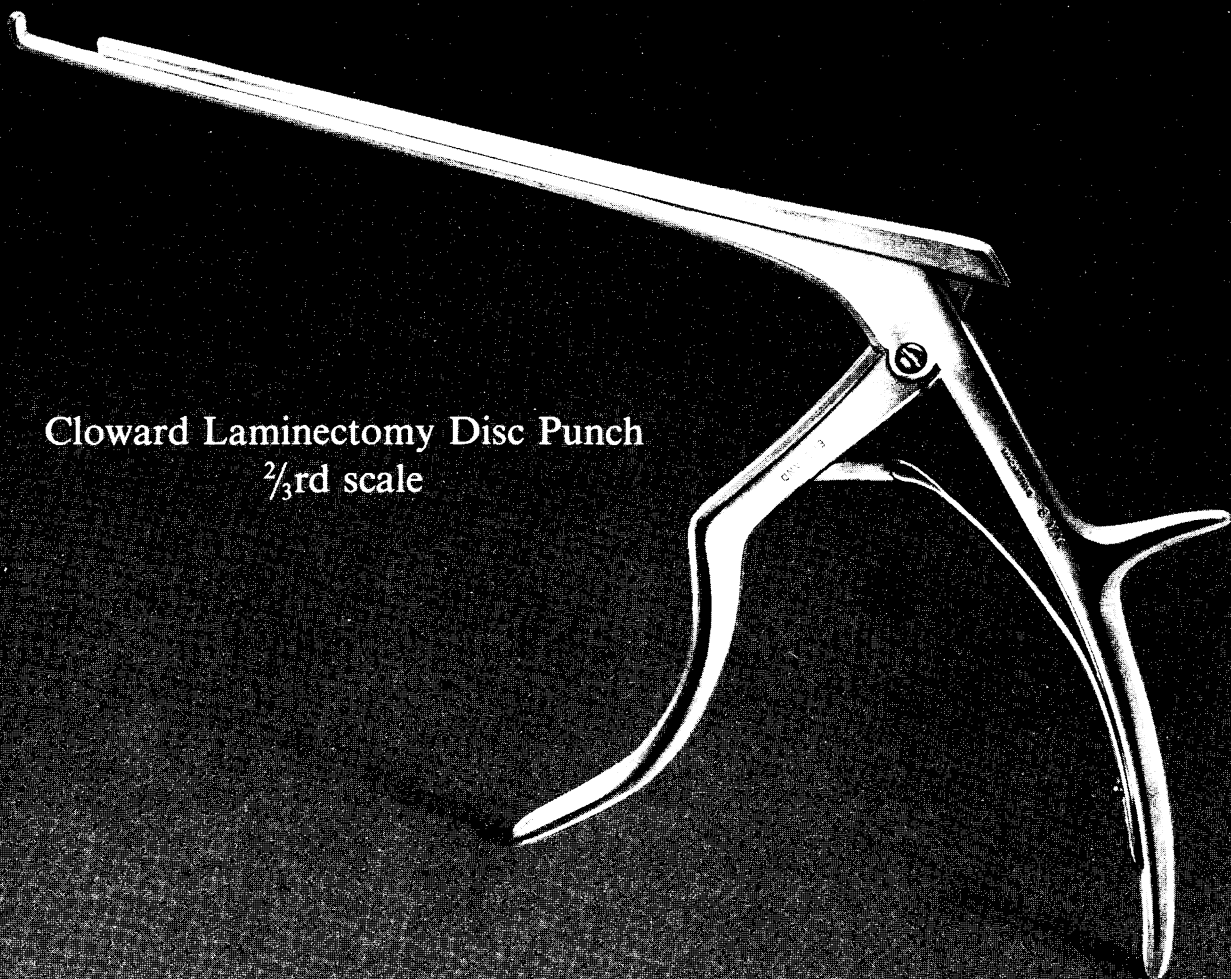


FINE SURGICAL INSTRUMENTS *British Made*



Cloward Laminectomy Disc Punch
 $\frac{2}{3}$ rd scale

Send for catalogue

Macarthy's Surgical Limited

DAGENHAM: Selinas Lane, Dagenham, Essex RM8 1QD. Tel: 01-593 7511

BIRMINGHAM: Units 25/28, Edgbaston Shopping Centre, Hagley Road, Birmingham B16 8SH. Tel: 021-454 6713

LIVERPOOL: 201-3 London Road, Liverpool L3 8JG. Tel: 051-207 1348

MANCHESTER: Precinct Centre, Oxford Road, Manchester M13 9GS. Tel: 061-273 6754/5

SCOTLAND: 36 Telford Road, Lenziemill, Cumbernauld, Glasgow G67 2AX. Tel: 02367-25051/2

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,¹ 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.



ELDEPRYL[®]

selegiline hydrochloride

Conserves cerebral dopamine

PRESCRIBING INFORMATION

Presentation White, round, uncoated tablets. Each round tablet contains 25 mg selegiline hydrochloride. **Indications** Eldepryl is indicated for treatment of Parkinson's disease in symptomatic patients who are being treated with levodopa. It is also indicated for the treatment of Parkinson's disease in patients who are being treated with levodopa and a peripheral decarboxylase inhibitor. **Contra-indications** Eldepryl is contraindicated in patients with a known hypersensitivity to selegiline or any of the excipients. **Warnings** Eldepryl should be used with caution in patients with a history of psychosis. **Side Effects** The most common side effects reported are dizziness, headache, nausea, vomiting, constipation, and dry mouth. **Precautions** Eldepryl should be used with caution in patients with a history of psychosis. **Interactions** Eldepryl may interact with other drugs which affect the central nervous system. **Use in Pregnancy** There is no information available on the use of Eldepryl in pregnancy. **Use in Lactation** There is no information available on the use of Eldepryl in lactation. **Pharmacokinetics** Eldepryl is rapidly absorbed and reaches its peak plasma concentration within 1-2 hours. The elimination half-life is approximately 10 hours. **Pharmacodynamics** Eldepryl acts as a selective inhibitor of the enzyme monoamine oxidase B, which is responsible for the breakdown of dopamine in the brain. **Pharmacology** Eldepryl is a selective inhibitor of the enzyme monoamine oxidase B, which is responsible for the breakdown of dopamine in the brain. **Toxicology** Eldepryl is well tolerated in clinical trials. **References** 1. *Neuro Transm* 1975; 43: 245-251. 2. *Neuro Transm* 1976; 36: 303-326.

Eldepryl 10 mg tablet. The morning symptoms are very severe and on-off symptoms are also severe. No response to 10 mg of Eldepryl. Daily dose of Eldepryl can be increased to 10 mg. 2 tablets in the morning. **CONTRA-INDICATIONS.** **WARNINGS ETC.** **Contra-indications.** There are no known contra-indications for the use of Eldepryl. **Warnings.** Because Eldepryl potentiates the effects of levodopa the side effects of levodopa might be enhanced. When Eldepryl is added to levodopa treatment, the usual levodopa treatment (usually 100 mg daily) and apomorphine may be reduced by an average of 20%.

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** 4483 0024. **Basic NMS Cost Pack** of 100 tablets, £30.00. **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.

¹ *Neuro Transm* 1975; 43: 245-251. ² *Neuro Transm* 1976; 36: 303-326.

Further information is available on request from Britannia Pharmaceuticals Limited, Lonsdale House, 7-11 High Street, Reigate, Surrey RH2 9RR.

4+1 *the right balance in Parkinson's disease*

Presentation

Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide 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 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, psychiatric 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
£5.41 per 100
Madopar capsules 125
£9.76 per 100
Madopar capsules 250
£17.47 per 100

ROCHE

Roche Products Limited
PO Box 8
Welwyn Garden City
Hertfordshire AL7 3AY
Madopar is a trade mark
J522210/283



Madopar

*the original 4+1 combination
in three dosage forms, 62.5, 125 and 250*



MACROM NEUROSURGICAL PATTIES

British Made
100% Cotton
Fast High Absorption
Non Toxic
Soft Texture
Plain or X-Ray Opaque
Range of Sizes



Double Wrapped in See Through Envelopes.
Ready For Immediate Sterilisation

Packed in Boxes of 200 either 20 to an envelope, 10 envelopes to a box or 10 on a count card in an envelope, 20 envelopes in a box.

Send for samples

Macarthy's Surgical Limited

Selinas Lane, Dagenham, Essex RM8 1QD.

Tel: 01-593 7511 Telex: 524283



Tegretol[®] making epilepsy easier to live with

carbamazepine BP

Tegretol[®]

Indications: Epilepsy (grand mal and temporal lobe), trigeminal neuralgia. Dosage in epilepsy: Use a gradually increasing dosage scheme, adjusting to patient's needs. Adults: 100-200mg once or twice daily, increasing slowly up to 800-1,200mg daily; in some cases 1,600mg daily may be necessary. Children: up to 1 year old 100-200mg daily; aged 1-5 years 200-400mg daily; aged 5-10 years 400-600mg daily; aged 10-15 years 600-1,000mg daily. It may be helpful to monitor plasma drug levels; optimum therapeutic range is 3-10µg/ml (13-42µmol/l). Dosage in trigeminal neuralgia: Begin with small doses, using 100mg tablets or syrup, and increase gradually until satisfactory therapeutic response is obtained. 200mg 3-4 times daily is generally sufficient to maintain pain-free state. Side-effects: Dizziness and diplopia (usually dose-dependent), less frequently drowsiness, dry mouth, diarrhoea, nausea and vomiting. Generalised erythematous rash, disappearing on cessation of therapy. Isolated reports of oedema, hyponatraemia, exfoliative dermatitis, leucopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, cholestatic jaundice and acute renal failure. Blood count should be checked in early stages of treatment. Precautions: Caution in patients taking oral anticoagulants or requiring oral contraception. In pregnancy, potential benefits of Tegretol must be weighed against potential hazards. Do not administer with, or within two weeks of cessation of, MAOI therapy. In rats treated with carbamazepine for two years, incidence of liver tumours increased (no evidence of significant bearing on the therapeutic use of the drug). Serum folic acid levels should be observed during anticonvulsant therapy. Contraindications: Previous drug sensitivity to Tegretol. Do not administer to patients with atrioventricular conduction abnormalities unless paced. Packs: Tablets of 100mg (PL0001 5027) basic NHS price £2.99 per 100, £14.40 per 500; tablets of 200mg (PL0001 5028) £5.56 per 100, £26.78 per 500; tablets of 400mg (PL0001 0088) £10.92 per 100, syrup 100mg/5ml (PL0001 0050) £5.34 per 300ml bottle. Full prescribing information available on request from Geigy Pharmaceuticals, Horsham, West Sussex.

Geigy

NEW

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.

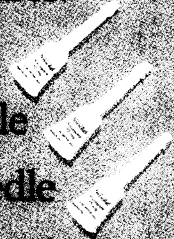
Status Epilepticus - no needle

Febrile convulsions - no needle

Minor procedures of all types - no needle

There are two strengths Stesolid 5 mg and Stesolid 10 mg

STESOLID
diazepam
10 mg
For rectal
Batch N



Describing Guidelines

Presentation: White, rectal tubes containing a solution of 2 mg/ml or 4 mg/ml diazepam. **Contraindications:** Acute pulmonary insufficiency, chronic pulmonary insufficiency or closed-angle glaucoma. **Warnings:** Stesolid rectal tubes may be used in minor surgical procedures in minor surgical procedures. **Precautions:** Stesolid rectal tubes should be stored in a cool place. **Legal Category:** P. **Product Licence Numbers:** 5 mg rectal tube 0495/00295, 10 mg rectal tube 0495/00296.

Further information is available from:



**Weddel
pharmaceuticals
limited**

Red Willow Road, Wrexham Industrial Estate, Wrexham, Cheshire, LA9 9PX

Special Training Fellowship in Neuropathology

Applications are invited from clinicians, post registration to Senior Registrar level, who wish to undertake research training within the UK in the field of Neuropathology.

The Fellowship is available for a period of six months to three years.

Candidates who have not been ordinarily resident in the UK throughout the three years immediately preceding the date of application may not be eligible and should consult the MRC.

MRC
Medical Research Council

Further details and application forms are available from the Training Awards Group, Medical Research Council, 20 Park Crescent, London, W1N 4AL (tel. 01-636 5422 Ext. 448)

Closing date for receipt of applications: 15th August, 1983.

THE BRITISH COUNCIL INTERNATIONAL MEDICAL COURSE

Head Injuries

9-21 October 1983 in Glasgow

The aim of this course is to review current knowledge concerning head injuries. It will be held at the University of Glasgow's Institute of Neurological Sciences, the head injury centre for the West of Scotland. Discussion and debate will be encouraged and members of the course will be expected to contribute their views and experience. The Directors of Studies will be

PROFESSOR B.J. JENNET and PROFESSOR G.M. TEASDALE

of the Department of Neurosurgery.

The course is intended for experienced surgeons as well as for anaesthetists and others who have a major responsibility for the care of patients with head injuries. There are 30 vacancies.

Fee £695 (Residential), £405 (Non-residential)

FURTHER INFORMATION AND APPLICATION FORM CAN BE OBTAINED FROM YOUR LOCAL OVERSEAS REPRESENTATIVE OF THE BRITISH COUNCIL OR FROM COURSES DEPARTMENT, THE BRITISH COUNCIL, 65 DAVIES STREET, LONDON W1Y 2AA.

Just published

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.

Price: Inland £5.50
Overseas US\$16.25*
**including air mail
postage*

Order your copy now
From: The Publisher
British Medical Journal
BMA House
Tavistock Square
London WC1H 9JR
or any leading bookseller

ABC OF BRAIN STEM DEATH

CHRISTOPHER PALLIS



ARTICLES FROM THE
BRITISH MEDICAL JOURNAL

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.



MENCAP

Subscription Information

Journal of Mental Deficiency Research is published quarterly. Subscription rates for 1983 are:
£25.00 (U.K.)
£30.00 (overseas)
\$62.50 (U.S.A. & Canada)
post free

Order Form

Send to **Blackwell Scientific Publications Ltd., P.O. Box 88, Oxford, England**

Please tick the appropriate box

- I would like to subscribe to *Journal of Mental Deficiency Research* and I enclose my remittance for the current volume
- I would like a free specimen copy of *Journal of Mental Deficiency Research*

Name

Address

Blackwell Scientific Publications

Oxford · London · Edinburgh · Boston · Melbourne