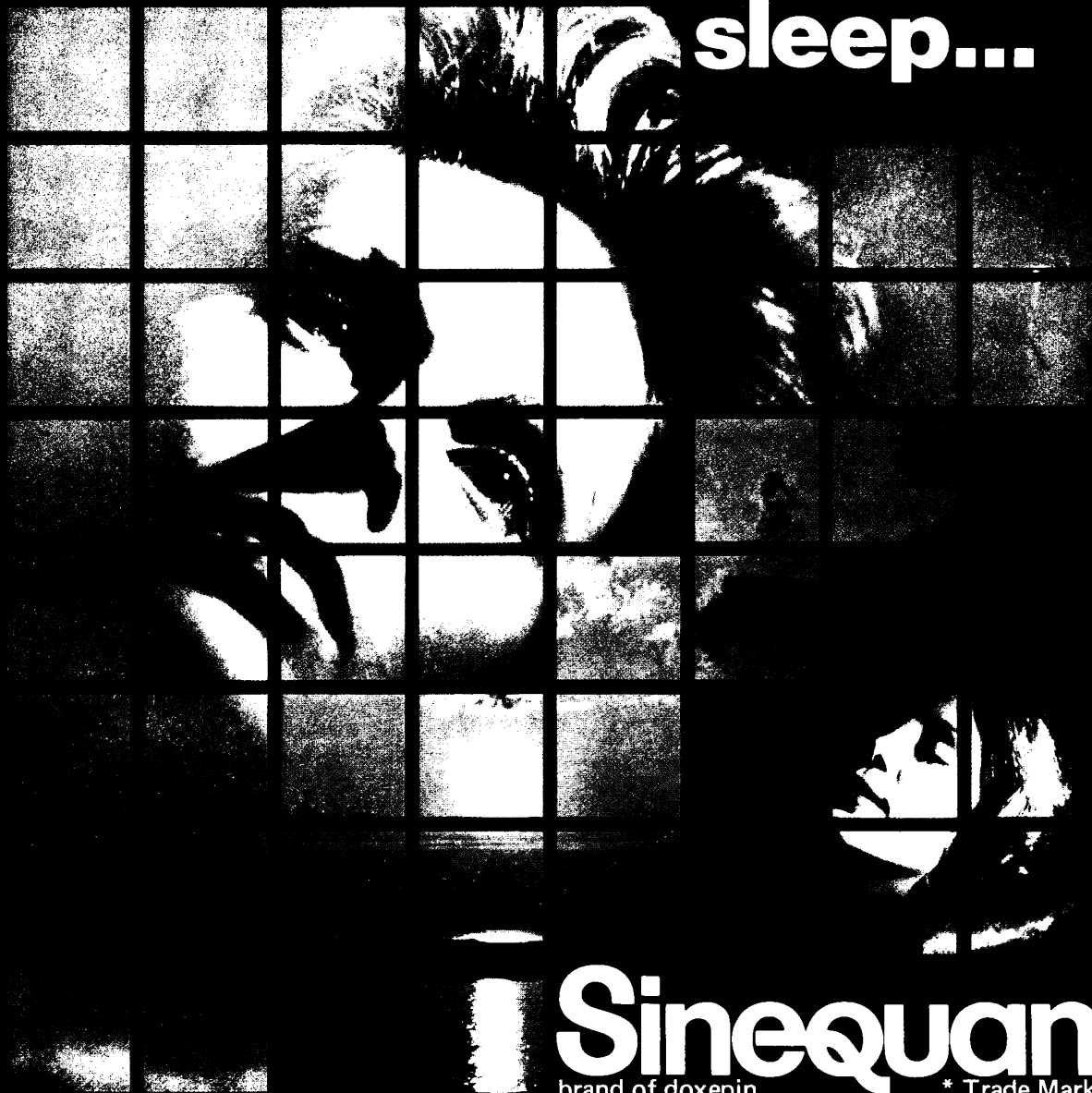


# Depression...disturbed sleep...



## Sinequan<sup>\*</sup>

brand of doxepin

<sup>\*</sup> Trade Mark

### lifts depression... promotes restful sleep

- SEDATIVE 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 age. **Dosage:** range 30 mg to 300 mg daily in divided doses, up to 100 mg may be given as a single dose at night. **Packs and Basic N.H.S. Cost:** 10 mg capsules (PL 57/5032), pack of 100, £2.98; 25 mg capsules (PL 57/5033), pack of 100, £4.24; 50 mg capsules (PL 57/5034) pack of 100, £7.01; 75 mg capsules (PL 57/0133), pack of 60, £6.64.

Full information on request to the Company.



**Pfizer LIMITED**  
SANDWICH, KENT

# 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.

**Recent articles include:**

*The Effect of Treatment on Mental and Psychomotor Development of  
Marasmic Infants according to Age of Admission.* J. M. Celedon,  
Diane Csaszar, Jennifer Middleton and Isidora de Andraca.

*Age and Mortality Trends in Residents of an Institute for the Mentally  
Handicapped.* B. W. Richards and A. Q. Siddiqui.

*Preferences in Attention to Visual Cues in Down Syndrome and Normal  
Children.* B. Stratford.

*Dental Asymmetry and Mental Retardation: A Comparison of Subjects  
with Mental Retardation Resulting from Prenatal or Postnatal  
Influences.* H. S. Barden

*Follow-up of Case of Advanced Survival and Trisomy 18.* Arabella  
Smith and Gesina M. den Dulk.

*A New Approach to the Treatment of Phenylketonuria.* O. E. Pratt.

*Extra Dicentric 15pter → q21/22 Chromosomes in Five Unrelated  
Patients with a Distinct Syndrome of Progressive Psychomotor  
Retardation, Seizures, Hyper-reactivity and Dermatoglyphic Abnor-  
malities.* Maria Zannotti, A. Preto, Paola Rossi Giorvanardi  
and B. Dallapiccola.

Published quarterly by

**THE NATIONAL SOCIETY  
FOR  
MENTALLY HANDICAPPED CHILDREN AND ADULTS**

**123 Golden Lane, London EC1Y 0RT**

**Yearly Subscription £20.00**

**U.S.A. \$60.00**

## Important news

### Neuroradiology

**Edmund H. Burrows and Norman E. Leeds**

Two volumes 1184 pages approx  
1573 illustrations hardback £65.00 approx  
ISBN 0 443 08016 X

A superb, fully comprehensive, completely up-to-date guide to the radiology of the brain and spinal cord. Covers the most recently developed investigative techniques, with the emphasis on non-invasive methods. The second volume comprises a unique collection of self-testing exercises, half of which cover specific problems of neuroradiology, while the other half cover many different aspects of the subject.

### Current Surgical Management of Neurologic Disease

**Charles B. Wilson and Julian T. Hoff**

368 pages 79 illustrations 494 references  
hardback £22.00 ISBN 0 443 08042 2

Covers the most recent developments in neurosurgery, in succinct, authoritative terms, with each chapter detailing a specific neurological disorder and its management.

### Disorders of Voluntary Muscle

**Edited by Sir John Walton**

Fourth edition 1024 pages approx 305 half-tone + 71 line illustrations hardback £48.00 approx ISBN 0 443 01847 2

The latest edition of the most comprehensive and authoritative reference book available on the subject of neuromuscular disease. Contributors provide the most up-to-date research and clinical data available from centres in the USA, UK, Belgium, Sweden, Israel and Australia.

### Neuropeptides

BIOCHEMICAL AND PHYSIOLOGICAL STUDIES

**Edited by R. P. Millar**

396 pages 4 half-tone + 164 line illustrations  
hardback £20.00 ISBN 0 443 02265 8

Key papers on rapidly developing areas of knowledge on neuropeptides, written by 23 leading researchers in the UK, USA, Europe and South Africa.

### Electrodiagnosis in Clinical Neurology

**Edited by Michael J. Aminoff**

608 pages 270 illustrations hardback £24.00  
ISBN 0 443 08021 6

A comprehensive account of the clinical applications of the electrophysiological methods of investigating the central and peripheral nervous systems.

### Neonatal Neurology

**Gerald M. Fenichel**

284 pages 33 half-tone + 48 line illustrations  
912 references hardback £14.00  
ISBN 0 443 08052 6

A highly practical guide to the diagnosis, treatment and management of neurological disorders in the newborn. The emphasis is on those conditions which either produce symptoms or which must be treated within the first 30 days of life.

*Major journal of interest*

### Neuropeptides

**Edited by M. J. Brownstein and John Hughes**

This journal aims at rapid publication of papers in this competitive new field. The distinguished Editorial Board will maintain the high standards already established for the journal.

Published monthly Annual Subscription £70.00  
/\$160.00 ISSN 0143-4179

*Churchill Livingstone publications should be available from all leading medical booksellers, or in case of difficulty, direct from the publishers. (Please enclose your payment with your order).*

# Churchill Livingstone

Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF, U.K.



The combination of  
simple language and straightforward  
line drawings has made the

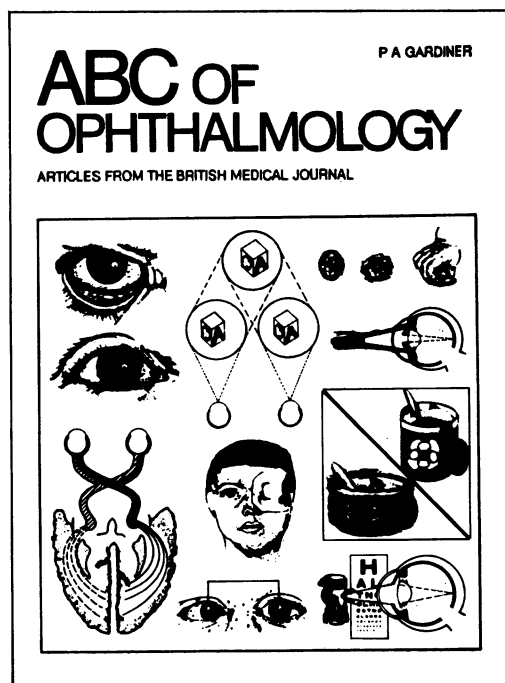
# ABC OF OPHTHALMOLOGY

one of the most popular series  
of articles in the Medical Practice section  
of the British Medical Journal.

All the common problems are covered -  
visual defects, squints, glaucoma and  
cataracts - together with detailed  
instruction on examination, diagnosis  
and management.

The articles  
have now been  
collected into book  
form - in exactly  
the same format  
as they appeared in  
the BMJ -  
price: Inland £2.50;  
Overseas US\$6.25  
(Inland £2.00;  
Overseas US\$5.00  
for BMA members).

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



#### 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 26.5mg 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 psychoses or psychosis. 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  
£3.49 per 100  
Madopar capsules 125  
£6.29 per 100  
Madopar capsules 250  
£11.25 per 100

#### References:

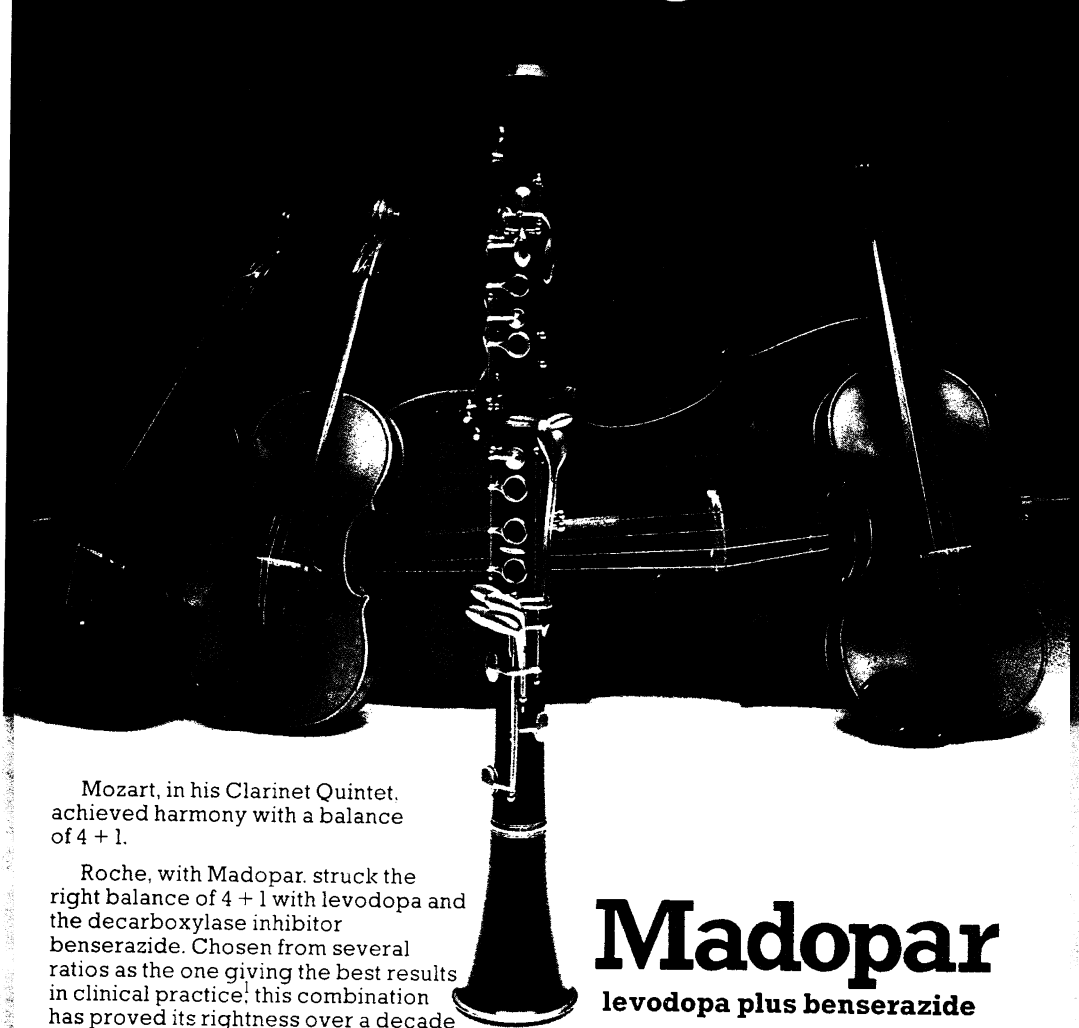
1. Neurology, 1976, 26, 399
2. Neurology, 1979, 29, 1584

ROCHE

Roche Products Limited  
PO Box 8  
Welwyn Garden City  
Hertfordshire AL7 3AY

Madopar is a trade mark.  
J52145/580.

# 4+1 *the right balance*



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 benserazide. 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 benserazide 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.<sup>2</sup>

## Madopar

levodopa plus benserazide

*balanced for  
optimal performance in  
Parkinson's disease*

## 62.5, 125 and 250

# *Reduced Subscription Rates for Junior Hospital Doctors Residents and Interns...*

## **Journal of Neurology, Neurosurgery & Psychiatry**

is available to junior hospital doctors in all parts of the world for a maximum of four consecutive years at **REDUCED Annual Subscription Rates.** (Thereafter, or when reaching consultant status this special offer will no longer apply.) The following reduced rates are unchanged for the twelve issues published in 1981.

**Inland £17.00**  
**Overseas US \$40.00**

(The full rates are: Inland £34.00; Overseas US\$83.00)

*The opportunity to subscribe to this journal of international authority and repute at a substantially reduced subscription rate is one not to be missed by junior doctors seeking to specialise in neurology, neurosurgery or psychiatry.*

*Please complete the adjacent order form and send for your subscription NOW.*

*Further order forms can be supplied on request.*

### **ORDER FORM**

BMA Publications  
BMA House, Tavistock Square  
London WC1H 9JR, England

*Please enter my subscription to*  
**JOURNAL OF NEUROLOGY,  
NEUROSURGERY &  
PSYCHIATRY**

☐ United Kingdom and  
Irish Republic £17.00

☐ Overseas US\$40.00

☐ My remittance for.....  
is enclosed

*(Please tick appropriate boxes)*

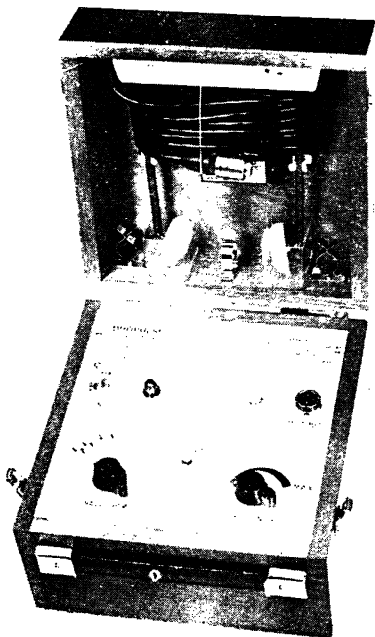
NAME.....

ADDRESS .....

**To be completed by Consultant**  
*I hereby confirm that the above  
mentioned doctor is a member  
of the junior hospital staff/  
resident/intern at .....*

Signed.....

**Journal of Neurology, Neurosurgery and Psychiatry**



## **NEW Mk. 4 E.C.T. APPARATUS DUOPULSE, ECTONUSTIM, ECTONUS & ECTRON**

ALSO

## **SOMLEG ELECTRO SLEEP APPARATUS**

*Send for full details*

## **ECTRON LTD**

**Knap Close Letchworth Herts SG6 1AQ England**

Telephone **LETCWORTH 2124**  
Cables **ECTRON LETCHWORTH**

## **BRITISH COUNCIL MEDICAL COURSE HEAD INJURIES**

**6-18 September 1981 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. The Directors of Studies will be Professor B. J. Jennett and Mr G. M. Teasdale of the Department of Neurosurgery. The course is primarily for clinicians concerned with the management of head injuries. Neuropathologists and basic scientists will describe the lesions found in fatal cases, the dynamic pathophysiological processes which follow injury and will review experience with experimental injuries. Methods of clinical assessment, neuroradiological diagnosis including CT scanning, and monitoring methods will be discussed and demonstrated. Treatment will be dealt with by neurosurgeons, anaesthetists and others directly involved. Assessment of prognosis and its value as a method of determining the efficacy of treatment will be described. It will also cover areas such as epidemiological aspects and the analysis of local needs for the provision of a service for head injuries. Discussion and debate will be encouraged and members of the course will be expected to contribute their views and experience. This course is intended for experienced neurosurgeons as well as for anaesthetists and other surgeons who have a major responsibility for the care of patients with head injuries.

There are vacancies for **30** members.

Fee fully inclusive **£595**.

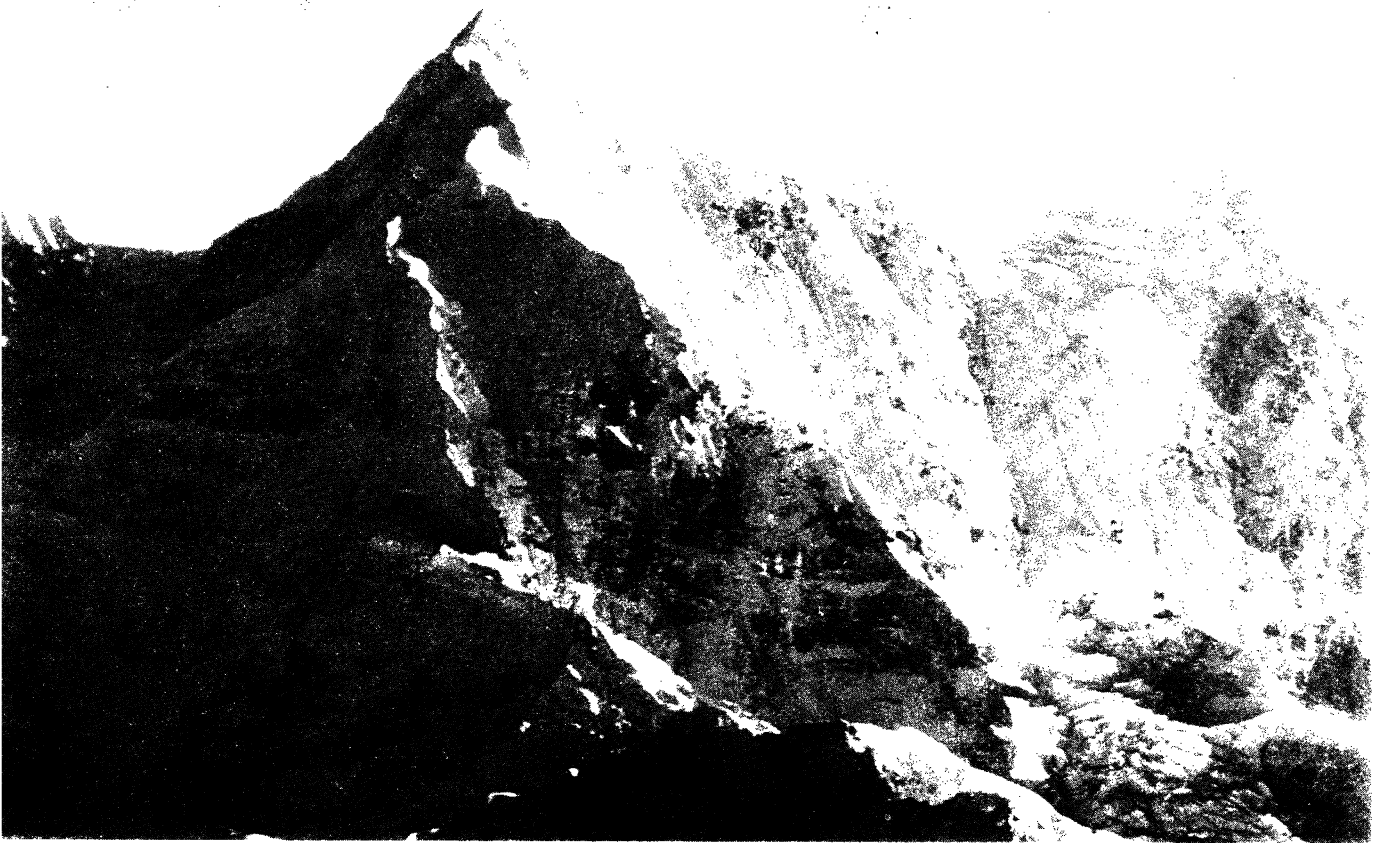
Applications must be received in London by 15 April 1981.

Further information and application forms may be obtained from local overseas Representatives of The British Council or from the Director, Courses Department, The British Council, 65 Davies Street, London W1Y 2AA. Tel. 01-499 8011.

# Epilim

Sodium valproate

## from strength to strength



### 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



# coated in epilepsy

**NEW**

**200**

pos lives in urine test-  
ing for ketones. Care  
should be taken when  
treating diabetic  
patients with Epi-lm  
Syrup, which contains  
3.6g sucrose per 5ml.

**PL Numbers:**

Epi-lm 200 enteric coated  
(tablets) 623/0006.

Epi-lm 500 enteric coated  
(tablets) 623/0005.

Epi-lm Syrup 623/0004.

**NHS Cost:**

Epi-lm 200 enteric coated  
(tablets) 100, £70.40.

Epi-lm 500 enteric coated  
(tablets) 100, £17.60.

Epi-lm Syrup 200ml, £4.63.

Epi-lm is a registered  
trademark.

© 1994 Labaz

**Epilim 200 enteric coated**

Following the success of the Epilim 500  
enteric coated tablet in improving  
gastrointestinal tolerance of high dose

Epilim treatment, Labaz are  
pleased to announce the availability of  
Epilim 200 enteric coated.

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

For this new improved dosage form your  
prescription should specify:

*Rx Tabs Epilim 200  
enteric coated*

**Women of child-bearing age.** Sodium  
valproate, like certain other anti-  
convulsants, has been shown to be  
teratogenic in animals; in women of child-  
bearing age, the benefits of these compounds  
should be weighed against the possible  
hazard suggested by these findings.

So many patients with  
epilepsy are controlled by

**Labaz**

Epilim is a registered trademark of  
Labaz Pharma, 400000, 1000, 1000, 1000, 1000,  
Stockport, Cheshire, M12 4PL. A subsidiary of the Labaz Group, B. V.

# CELLOLITE<sup>TM</sup> SURGICAL SPONGES

CELLOLITE<sup>TM</sup> is a white, synthetic, X-Ray detectable sponge designed to overcome all the drawbacks of conventional absorbent materials.

The main characteristics of CELLOLITE<sup>TM</sup> --- its extreme softness and high degree of conformability, its rapid wicking rate and high absorbency capacity, its overall X-Ray opacity and fibre-free nature, all serve to ensure that CELLOLITE<sup>TM</sup> is the only really safe and efficient sponge for Neurosurgery.

In short, no other material can match the properties of CELLOLITE<sup>TM</sup>.

Why struggle on using the same old fibrous pattie when you can take a giant step forward with CELLOLITE<sup>TM</sup>? In these days of Space Age surgical techniques why 'make do' with conventional patties?



Use CELLOLITE<sup>TM</sup> Surgical Sponges, the product born out of Space Age technology, and benefit from the superior properties of a sponge with the needs of the Twenty-first Century in mind.

Benefit from the softness and non-abrasive character, the overall X-Ray opacity possible due to 'state of the art' encapsulation of Barium Sulphate particles chemically bonded to the sponge, and, so important in delicate surgery, the fibre-free nature of CELLOLITE<sup>TM</sup> which guarantees that no fibres can be shed into the wound, virtually eliminating the risk of granulomas etc. which are a hazard when using conventional patties.

What other product can offer so much?

Use CELLOLITE<sup>TM</sup> the ideal Neurosurgical Sponge.

**S&N** Service to Hospitals

**Smith & Nephew-Southalls Limited**

Alum Rock Rd, Birmingham B8 3DY Telephone: 021-327-0204 Telex: 338340

Cellolite surgical sponges are made from \*Merocel

\*Trade Mark of Americal Corporation



## Disipal has made her a little more responsive to her phenothiazine therapy.

The addition of Disipal to phenothiazine therapy enables optimum therapeutic response to be achieved without unacceptable side effects. Disipal also elevates the patient's mood, thus relieving the depression so often associated with major tranquillizer therapy.

### Drug of choice

Following a three month double blind crossover trial, the authors concluded that, "orphenadrine is the drug of choice in the treatment of drug-induced extra-pyramidal reactions and depression."

### Increased response

Furthermore, the authors postulate that "the introduction of orphenadrine in the treatment of a patient whose response to phenothiazines is not maintained, might well result in further benefit."

**For patients on major tranquillizer therapy**

## Disipal

- \* controls extra-pyramidal reactions
- \* elevates patient mood.

Disipal (N) Int. Med. Res. 1976;4:1-15. Disipal (orphenadrine) given 2-3 times a day.

Full prescribing information on request from:—



**Brocades Laboratories Ltd**

10, Chesham Way, Pershore Road, Birmingham B36 4JF, England  
Telephone: 0527 454441, 454442, 454443

# HOW TO DO IT

Every doctor knows the sinking sensation induced by waiting one's turn for an examination viva and the social anxieties of changing jobs. The misery of first night nerves does not, however, disappear with time: each decade brings new challenges. On these occasions—chairing a committee, giving evidence in court, appearing on television—practical tips can be enormously helpful. The same is true of the many skills not taught in medical school—how to lecture, referee papers, edit, or use a library. All these and many more nuggets of down-to-earth advice have been collected from past issues of the *BMJ* to form a compendium for the novice—whatever his or her age or seniority.

Price: Inland £4.00;  
Abroad US\$10.00

(Concessionary price to BMA  
members: Inland £3.50;  
Abroad US\$8.75.

When ordering BMA members must  
quote their membership number or  
the full price will be applicable.)

Payment must be enclosed with order or a surcharge  
of 50p will be made for rendering invoices and  
statements.

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

## HOW TO DO IT

Chair a committee. Be a dictator. Take an examination. Organise a meeting. Give evidence. Improve a student. Use a library. Interviewed. Chair a conference. Raise funds. Be an examiner. Give a reference. Survive as an editor. Use a library. Construct an auditor. Give a presentation. Attend an inquiry. Take a clinical examination. Use slides. Apply for a research grant. Use for a research project. Plan a research project. Write a paper.

## Neurosurgeon

A 450 bed general hospital is accepting applications for a neurosurgeon. We will also welcome applications for a neurosurgical team.

*Applications and nominations should be forwarded immediately to:*

Dr. R. A. Haliburton,  
Chairman, Search Committee,  
Hotel-Dieu Hospital,  
1030 Ouellette Avenue,  
Windsor, Ontario N9A 1E1  
Canada.

## Drugs and Disease

The Proceedings of a Symposium  
organized by the  
Royal College of Pathologists

Edited by  
Sheila Worlledge

Price: Inland £3.00  
Abroad US \$7.50  
*including postage*

The Publishing Manager,  
JOURNAL OF CLINICAL PATHOLOGY,  
BMA House, Tavistock Square,  
London WC1H 9JR

## The Neurophysiology of the Cerebral Cortex

Lynn Bindman and  
Olof C.J. Lippold

This text offers students of physiology an account of the present state of knowledge of the cerebral cortex in more detail than in most textbooks on the central nervous system.

*£47.50 boards 512 pages  
241 illustrations*

## Smooth Muscle An Assessment of Current Knowledge

Edited by Edith Bülbring,  
Alison F. Brading, Allan W. Jones  
and Tadao Tomita with 17  
contributors

No other single volume at present available contains such expert assessments of the developments and achievements in smooth muscle physiology, anatomy and pharmacology over the last ten years.

*£45 boards 576 pages 194 illustrations  
Publication 19 March*



**Edward Arnold**

41 Bedford Square,  
London WC1B 3D