Letters

results in this small number of patients favours a regime of slow introduction. This group sustained an effective level of treatment for significantly longer periods (see table) and with less toxicity than the rapid introduction group. We have previously claimed a useful role for bromocriptine in a proportion of levodopa failures.\(^4\)\(^5\) We cannot support the low-dose regime for earlier cases who have never received levodopa, but a slow introduction in this group, reaching more conventional doses of 25 to 50 mg/day will delay the start of levodopa in those patients who are spared the serious toxicity. Whether this has any advantage over conventional levodopa at the same stage remains unknown.

IRIS PEARCE
JMS PEARCE
Department of Neurology,
Hull Royal Infirmary,
Hull HU3 2JZ,
N. Humberside, UK

References


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Notices

Under the auspices of the Research Subcommittee of the Joint Committee on Education of the American Association of Neurological Surgeons and Congress of Neurological Surgeons, a registry of clinical trials in neurosurgery is being established. The purpose of this registry is to make available to all neurosurgical investigators basic information on clinical trials of neurosurgical interest that are being designed or conducted so that investigators planning such a study can avoid duplicating work already underway or completed and be put in contact with other investigators with similar interests who might wish to become involved in collaborative work.

For further information about the registry or to register a study currently being planned or conducted, please contact the registry through: Stephen J. Haines, MD, Department of Neurosurgery, University of Minnesota, Box 96 Mayo Minneapolis, MN 55455, USA.

International Neuropsychological Society

The 8th European Conference will be held in Copenhagen. 12–15 June, 1985. Information may be obtained from: P Bruhn, or DN Brooks, Department of Psychological Medicine, 6 Whittingehame Gardens, Great Western Road, Glasgow, G12 0AA, Scotland.