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The Neuromatic® 2000 M has superior amplifiers and powerful averagers with rejection facility. Both the C-type and the M-type can be supplied with IEEE Interface for any standard computer.
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ADVERSE REACTIONS
Most common adverse reactions are transient drowsiness; dizziness, weakness and fatigue. Others reported:
Neuropsychiatric: Headache, insomnia, euphoria, excitement, depression, confusion, hallucinations, paresthesia, muscle pain, tremor, slurred speech, coordination disorder, tremor, rigidity, dystonia, ataxia, blurred vision, nystagmus, ataxia, misop, mydriasis, diptopia, dysarthria, epileptic seizures.
Cardiovascular: Hypotension, dyspnea, palpitation, chest pain, syncope.
Gastrointestinal: Nausea, constipation, dry mouth, anorexia, taste disorder, abdominal pain, vomiting, diarrhea, and positive test for occult blood in stool.
Genitourinary: Urinary frequency, enuresis, urinary retention, dysuria, impotence, inability to ejaculate, nocturia, hematuria.
Other: Rash, pruritus, ankle edema, excessive perspiration, weight gain, nasal congestion.

Some of the CNS and genitourinary symptoms reported may be related to the underlying disease rather than to drug therapy.

SYMPTOMS AND TREATMENT OF OVERDOSE
Signs and Symptoms: Vomiting, muscular hypotonia, hypotension, drowsiness, accommodation disorders, coma, respiratory depression, and seizures.

Treatment: Treatment is symptomatic. In the alert patient, empty the stomach (induce emesis) followed by lavage. In the obtunded patient, secure the airway with auffed endotracheal tube before beginning lavage (do not induce emesis). Maintain adequate respiratory exchange, do not use respiratory stimulants. Muscular hypotonia may involve the respiratory muscles, and require assisted respiration. Maintain high urinary output. Dialysis is indicated in severe poisoning associated with renal failure.

DOSAGE AND ADMINISTRATION
Optimal dosage of Lioresal requires individual titration. Start therapy at a low dosage and increase gradually until optimum effect is achieved (usually 40-80 mg daily).
The following dosage/titration schedule is suggested:

<table>
<thead>
<tr>
<th>Dose (mg)</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1 t.i.d. for 3 days</td>
</tr>
<tr>
<td>10</td>
<td>1 t.i.d. for 3 days</td>
</tr>
<tr>
<td>15</td>
<td>1 t.i.d. for 3 days</td>
</tr>
<tr>
<td>20</td>
<td>1 t.i.d. for 3 days</td>
</tr>
</tbody>
</table>

Total daily dose should not exceed a maximum of 20 mg i.d.
The lowest dose compatible with an optimal response is recommended. If benefits are not evident after a reasonable trial period, patients should be slowly withdrawn from the drug (see Warnings).

REFERENCES:

Lioresal (baclofen) 10 mg tablets: White to off-white flat-faced, oval tablets with GEIGY monogram on one side and the identification code 23 below the monogram. Fully bisected on the reverse side.

Lioresal D. 30 mg tablet: White to off-white capsule-shaped, biconvex tablets. Engraved GEIGY on one side and GW with bisect on the other.
Available in bottles of 100 tablets.
Product Monograph supplied on request.

SYMMETREL® (Amantadine HCl) Antiparkinsonian Agent

CONTRAINDICATIONS: Patients with known hypersensitivity to the drug.

WARNINGS: Patients with a history of depression or other "secrets" should be observed closely for possible untoward central nervous system effects. Patients with a history of congestive heart failure or peripheral edema should be followed closely as there are patients who developed congestive heart failure while receiving SYMMETREL®. Safety of use in pregnancy has not been established. SYMMETREL® should not be used in women of childbearing potential, unless the expected benefit to the patient outweighs the possible risk to the fetus.

SYMMETREL® is secreted in the milk and should not be administered to nursing mothers.

PRECAUTIONS: The dose may need careful adjustment in patients with renal impairment, congestive heart failure, peripheral edema or orthostatic hypotension. Since SYMMETREL® is not metabolized and is largely excreted in the urine, it may accumulate when renal function is inadequate.

Concurrent use of agents active on the central nervous system should be avoided.

REFERENCES:

Product monograph available on request.

Du Pont Pharmaceuticals
Mississauga, Ontario
L5M 2W4

See page vii
Intermediate Prescribing Information

**Tegretol**®

200 mg tablets

**Tegretol** Chewtabs™ 100 mg and 200 mg

For Symptomatic Relief of Trigeminal Neuropathy

**Action**

Tegretol (carbamazepine) has anticonvulsant properties which have been found useful in the treatment of psychomotor and other partial epilepsies, when administered in conjunction with other anticonvulsant drugs to prevent the possible generalization of the epileptic discharge. A mild psychotopic effect has been observed in some patients, which seems related to the effect of the carbamazepine in psychomotor or temporal lobe epilepsy. Tegretol relieves or diminishes the pain associated with trigeminal neuralgia often within 24 to 48 hours.

**Indications and Clinical Use**

A. Trigeminal Neuropathy:

For the symptomatic relief of pain of trigeminal neuralgia only during periods of exacerbation of true or primary trigeminal neuralgia (tic douloureux). Do not use preventively during periods of remission.

In some patients, TEGRETOL has relieved glosso-pharyngeal neuralgia often within 24 to 48 hours.

For patients who fail to respond to TEGRETOL, or who are sensitive to the drug, recourse to other accepted measures must be considered.

TEGRETOL is not a simple analgesic and should not be used to relieve trivial facial pains or headaches.

B. Tegretol has been found useful:

1) in the management of psychomotor (temporal lobe) epilepsy, and,

2) as an adjunct, in some patients with secondary or partial epilepsy with complex symptomatology or secondary generalized seizures, when administered in combination with other antiepileptic medication.

3) as an alternative medication in patients with generalized seizures who are experiencing marked side effects or fail to respond to other anticonvulsant drugs.

TEGRETOL is ineffective in controlling petit mal, minor motor, myoclonic and predominantly psychic seizures, and does not prevent the generalization of epileptic discharge.

**Warnings**

Although reported infrequently, serious adverse effects have been observed during the use of TEGRETOL. Agranulocytosis and aplastic anemia have occurred in a few instances with a fatal outcome. Leucopenia, thrombocytopenia and hepatocellular and cholestatic jaundice have also been reported. It is, therefore, important that TEGRETOL should be used carefully and close clinical and frequent laboratory supervision should be maintained throughout treatment in order to detect as early as possible signs and symptoms of a possible blood dyscrasia. Long-term toxicity studies in rats indicated a potential carcinogenic risk. Therefore, the possible risk of drug use must be weighed against the potential benefits before prescribing carbamazepine to individual patients.

**Contraindications**

Hepatic disease, serious blood disorder, less than 14 years of age, any disorder which has been found useful in the treatment of psychomotor and other partial epilepsies, when administered in conjunction with other anticonvulsant drugs to prevent the possible generalization of the epileptic discharge. A mild psychotopic effect has been observed in some patients, which seems related to the effect of the carbamazepine in psychomotor or temporal lobe epilepsy. Tegretol relieves or diminishes the pain associated with trigeminal neuralgia often within 24 to 48 hours.

**Precautions**

**Monitoring of Haematological and Other Adverse Reactions:**

Complete blood studies, including platelet counts, and evaluation of hepatic and renal function before and periodically during therapy should be carried out before treatment is instituted and frequent clinical and laboratory supervision should be maintained throughout treatment. If any signs or symptoms or abnormally suggestive of blood dyscrasia or liver disorder occur, TEGRETOL should be immediately discontinued.

**Urinary Retention and Increased Intraocular Pressure:**

Caution is advised in patients with increased intraocular pressure or urinary retention due to the drug's anticholinergic action.

**Occurrence of Behavioural Disorders:**

TEGRETOL may activate a latent psychosis, or, in elderly patients, produce agitation or confusion. Caution is advised in alcoholics.

**Use in Patients with Cardiovascular Disorders:**

Hypertension, angina pectoris, cardiac arrhythmias or conduction defects, and head trauma should be considered during the dosage of TEGRETOL. TEGRETOL should be taken by the patient, either in overdosage or in recent therapy in patients with atrioventricular block. Caution is advised in patients with a history of coronary artery disease, heart disease or any other symptoms of cerebral arterial insufficiency.

**Initial daily dosage:** 100 mg in two divided doses daily.

**Dosage and Administration**

**Use in Epsypley (see Indications):** A low initial daily dosage with a gradual increase in dosage is advised. Dosage should be adjusted to the needs of the individual patient.

**Adults and Children over 12 years of age:** Initially: 100 to 200 mg once or twice a day. The initial dosage is progressively increased, in 200 mg increments, if necessary, until the best response is obtained, up to 600 mg daily. Usual Daily Dosage: 600 mg, however up to 1000 to 2000 mg have been used for short periods. As soon as disappearance of seizures has been obtained and maintained, dosage should be reduced very gradually until a minimum effective dose is reached.

**Children under 12 years of age:** Initially: 100 mg in divided doses on the first day. Increase gradually by adding 100 mg per day until the best response is obtained. Dosage should generally not exceed 1000 mg daily. As soon as disappearance of seizures has been obtained and maintained, dosage should be reduced very gradually until a minimum effective dose is reached.

**Use in trigeminal neuralgia:** Initial daily dosage: 100 mg twice daily may be increased by 200 mg per day until relief of pain is obtained. Usual dosage: 200 to 800 mg daily. Up to 1200 mg daily may be necessary. As soon as relief of pain has been obtained and maintained, progressive reduction in dosage should be attempted until a minimum effective dosage is reached. Because trigeminal neuralgia is characterized by periods of remission, attempts should be made to reduce or discontinue the use of TEGRETOL at intervals of not more than 3 months, depending upon the individual clinical course.

**Prophylactic use in trigeminal neuralgia is not recommended.**

**Administration**

In two or three divided doses daily, with meals whenever possible.

**Dosage Forms**

Tegretol tablets 200 mg:

Each tablet contains 200 mg of Tegretol (carbamazepine) for oral administration.

Tegretol Chewtabs™ 100 mg:

Each chewable tablet contains 100 mg of Tegretol (carbamazepine) for oral administration.

Tegretol Chewtabs™ 200 mg:

Each chewable tablet contains 200 mg of Tegretol (carbamazepine) for oral administration.

Bottles of 100. Protect from heat and humidity. (Available September 1985.)

**Symptoms and Treatment of Overdosage**

**Symptoms:** Dizziness, ataxia, drowsiness, stupor, nausea, vomiting, restlessness, agitation, disorientation; tremor, hyperactivity, hyperreflexia, hyperkinesia, abnormal reflexes (slowed or hyperactive); mydriasis, nystagmus, flushing, cyanosis, urinary retention, hypotension, hypertension, coma. The EEG may show dysrhythmias.

**Treatment:** If laboratory findings become abnormal, reduced leukocyte count, glycosuria and acetonuria.

**Treatment:** No known specific antidote. Induce emesis. Perform gastric lavage. Watch vital signs and administer supportive therapy. Respiratory depression and other symptoms of cerebral arterial insufficiency may be controlled by the administration of parenteral barbiturates. Barbiturates should not be used if monamine oxidase inhibitors have also been taken by the patient, either in overdosage or in recent therapy in patients with atrioventricular block. Barbiturates may induce respiratory depression, particularly in children, therefore, have equipment available for artificial ventilation and resuscitation. Paraldehyde may be used to counteract muscle hyperactivity without producing reduced respiratory depression. Treat shock (circulatory collapse) with supportive measures, including intravenous fluids, oxygen, and corticosteroids. Electrocardiogram should be monitored, particularly in children, to detect any cardiac arrhythmias or conduction defects.

**Full information available on request.**

**Geigy**

Mississauga, Ontario

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Sunnybrook Medical Centre
2075 Bayview Avenue
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(416) 480-4280

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Vladimir Hachinski, M.D.
Department of Clinical Neurological Sciences
University Hospital
339 Windermere Road
London, Ontario
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American Electroencephalographic Society and American Epilepsy Society
Joint Fortieth Anniversary Meeting
With Outstanding International Faculty
November 15-21, 1986 — Seattle, Washington

DIDACTIC COURSES

(American EEG Society)
November 15 (Saturday)
State of the Science in EEG, Evoked Potentials and Clinical Neurophysiology
November 16 (Sunday)
EEG as Related to Epilepsy: Pathophysiology of Epilepsy

(American Epilepsy Society)
November 17 (Monday)
Clinical Pharmacology of Antiepileptic Drugs
Investigator's Workshops: Debates on Controversial Issues

SCIENTIFIC PROGRAM

November 18 (Tuesday)
American EEG Society Presidential Address; Herbert H. Jasper Award
Symposium I: Basic Mechanisms of Antiepileptic Drug Action
Poster and Platform Presentations
Evening — American EEG Society Dinner Workshops

November 19 (Wednesday)
American Epilepsy Society Lennox Award and Lecture
Symposium II: Sleep and Seizure Disorders; Poster and Platform Presentations
Evening — American Epilepsy Society Special Interest Groups

November 20 (Thursday)
Symposium III: Newer Applications of Evoked Potentials
Symposium IV: Surgery of the Corpus Callosum; Poster and Platform Presentations

OTHER

November 21 (Friday)
Merritt-Putnam Symposium — Pediatric Epileptology

DEADLINE FOR ABSTRACT SUBMISSION: May 16, 1986

For further information and abstract submission forms please contact either:

American EEG Society
2579 Melinda Drive, N.E.
Atlanta, Georgia 30345
Telephone (404) 320-1746

American Epilepsy Society
179 Allyn Street, Suite 304
Hartford, Connecticut 06103
Telephone (203) 246-6566
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(phenytoin)

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DILANTIN® (phenytoin) is a drug of first choice for controlling generalized tonic clonic seizures.

No other antiepileptic is more widely prescribed.1

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And no other antiepileptic boasts a more simplified medication schedule.

The slow absorption of Dilantin Capsules allows a single daily dose for maintenance therapy in many adults, once the divided dose of three 100 mg capsules has adequately controlled seizures.


PARKE-DAVIS
Parke-Davis Canada Inc., Scarborough, Ontario
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(carbamazepine)

100mg and 200mg*

- the only chewable carbamazepine
- easier titration for both children and adults
- increased convenience provided by an easily administered chewable formulation
- improved compliance arising from a pleasant tasting cherry-mint flavour

Now indicated in children aged 6 years and over

...this may well be the only sign of epilepsy.

For brief prescribing information see page xvi