Calendar of Events

March 11-16, 1984. Fifteenth Annual Meeting of the American Society for Neurochemistry, Portland, Oregon. Deadline for receipt of abstracts is December 1, 1983. Contact: Lawrence F. Eng, Ph.D., Program Committee Chair, Pathology Research (151B), V.A. Medical Center, 3801 Miranda Avenue, Palo Alto, CA. 94304.

March 24-31, 1984. Neuroradiology Conference, Vail, Colorado. Contact: Janice Ford, Dept. of Radiology, Hospital of the University of Pennsylvania, 3400 Spruce Street/G1 Philadelphia, PA. 19104.

April 1-7, 1984. UCLA Symposium on Neurobiology: Molecular Biological Approaches to Understanding Neuronal Function and Development. Keystone, Colorado. Contact: UCLA Symposia, Molecular Biology Institute, University of California, Los Angeles, CA. 90024 or Phone (213) 206-6292.

April 8-14, 1984. American Academy of Neurology, Boston, M.A. Contact: American Academy of Neurology, 2221 University Ave. S.E., Suite 335, Minneapolis, MN. 55414.

June 11-15, 1984. Ninth Annual Conference on the Clinical Application of Hyperbaric Oxygen will be held at the Princess Hotel, Acapulco, Mexico. Contact: Michael A. Strauss, Chairman, Program Committee, 9th Annual Conference on the Clinical Application of Hyperbaric Oxygen, Baromedical Department, Memorial Medical Center, 2801 Atlantic Avenue, Long Beach, California 90801-1428.

June 13-15, 1984. Third International Conference on Molecular and Cellular Mechanisms of Anaesthesia will be held at The University of Calgary, Calgary, Alberta. Contact: 3rd International Conference on Molecular and Cellular Mechanisms of Anaesthesia, Conference Office, Education Tower 102, The University of Calgalry, 2500 University Drive N.W., Calgary, Alberta T2N 1N4. Phone (403) 284-5051.

June 18-22, 1984. Fourth Annual International Conference of CT of the Head and Spine, La Napoule, France. Contact: Janice Ford, Department of Radiology, Hospital of the University of Pennsylvania, 3400 Spruce Street/G1 Philadelphia, PA. 19104.

June 26-30, 1984. XIX Canadian Congress of Neurological Sciences, Westin Hotel, Edmonton, Alberta. Contact: K.C. Petruk, Division of Neurosurgery, 11-102 Clinical Sciences Building, University of Alberta, Edmonton, Alberta T6G 2G3.

August 20-22, 1984. VIII International Congress on Hyperbaric Medicine will be held at the Hyatt Regency Hotel, Long Beach, California, U.S.A. Contact: The Secretariat, VIII International Congress on Hyperbaric Medicine, c/o Baromedical Department, P.O. Box 1428, Long Beach, California 90801-1428, U.S.A.

September 13, 14, 15, 1984. Annual Meeting of the Canadian Neuropathologists, Ottawa General Hospital. Contact: Joseph Gilbert, Secretary-Treasurer, Canadian Association of Neuropathologists, Dept. of Pathology (neuropathology), Victoria Hospital, London, Ontario N6A 4G5.

September 22-23, 1984. International Symposium on Somatosensory Evoked Potentials, Kansas City, Missouri. Co-sponsored by the American Association of Electromyography and Electrodiagnosis and the American Electroencephalographic Society. $140 U.S. for members and $175 U.S. for nonmembers. Deadline is April 15, 1984 for free communications. Contact: AAEE, 732 Marquette Bank Building, Rochester, MN. 55904.

September 27-30, 1984. Synapse-50. Montreal. Contact: Synapse-50, Montreal Neurological Institute and Hospital, 3801 University Street, Room 638, Montreal, Quebec H3A 2B4.

October 1-7, 1984. The Study of the Nervous System Development in the Fetus and in the Newborn, Erice (Trapani), Italy. Contact: Dr. Carlos Alvisi, Professor of Neurosurgery, University of Bologna, Via Ugo Foscolo 7 - 40123, Bologna, Italy. Phone 051/585053.

August 1985. 13th International Congress of Biochemistry. Amsterdam, The Netherlands.

Letters

To The Editor:

I have no memory of any journal publishing letters to the editor in response to editorial obituaries. My purpose in writing this letter is not to provoke correspondence about the uniqueness or otherwise of the phenomenon. My purpose is to record my great sense of satisfaction over the fact that such a fitting editorial posthumous tribute was paid to Professor Eric Linell by Dr. Thomas P. Morley in your August 1983 edition. The essence of the spirit and person of one of Canada's truly pioneer neurological scientists was captured in a most extraordinarily vivid way by Morley's pen.

Eric Linell's thoroughness, thoughtfulness, and dogged determination to observe and catalogue his observations in a meticulous fashion were a very strong example to scores of young neurologists and neurosurgeons. As Morley indicated, he was a man who was far more conscious of our vast ignorance, than he was vain about his own extensive knowledge. It was his awareness of the need to think about every case in great detail that led to the treasure-trove of records into which many of us had the pleasure of probing for ideas and to help us solve clinical problems. He was not an opinionated person, but he had strong opinions about how careful his colleagues and above all he himself should be in all scientific observations. He resisted the temptation to hurry his reports as was so frequently requested by his occasionally shrill critics. He set the stage for the meticulous neuropathology which has become a Canadian tradition. Without any question, he was its founder. The Canadian Journal of Neurological Sciences and T.P. Morley have earned the gratitude of Canadian neurology and Canadian neurosurgery by the publication of this very fine editorial obituary.

H.J.M. Barnett, M.D.
Professor and Chairman
Department of Clinical Neurological Sciences
University of Western Ontario
London, Ontario

Brief Prescribing Information

Tegretol® No substitution.

200 mg carbamazepine

Indications and clinical use

a) *Trigeminal Neuralgia:*
Tegretol is indicated for the symptomatic relief of pain of trigeminal neuralgia only during periods of exacerbation of true or primary trigeminal neuralgia (tic douloureux). It should not be used preventively during periods of remission. In some patients, Tegretol has relieved glossopharyngeal neuralgia. 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 secondarily generalized seizures, when administered in combination with other antiepileptic medication.
3. as an alternative medication in patients with generalized tonic-clonic seizures who are experiencing marked side effects or fail to respond to other anticonvulsant drugs.

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

Contraindications

Tegretol should not be administered to patients with a history of hepatic disease or serious blood disorder.

Tegretol should not be administered immediately before, in conjunction with, or immediately after a monoamine oxidase inhibitor. When it seems desirable to administer Tegretol to a patient who has been receiving an MAO inhibitor, there should be as long a drug-free interval as the clincal condition allows, but in no case should this be less than 14 days. Then the dosage of Tegretol should be low initially, and increased very gradually.

Tegretol should not be administered to patients presenting atrioventricular heart block.

Safe use in pregnancy has not been established. Therefore, Tegretol should not be administered during the first three months of pregnancy.

Tegretol should not be given to women of childbearing potential unless, in the opinion of the physician, the expected benefits to the patient outweigh the possible risk to the foetus (See Reproductive Studies). Because of demonstrated toxicity in nursing animals, Tegretol should not be administered to nursing mothers.

Because of the similarity of chemical structure, Tegretol should not be administered to patients with known hypersenitivity to any of the tricyclic compounds, such as amitriptyline, trimipramine, imipramine, or their analogues or metabolites.

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.

Precautions

Monitoring of Haematological and Other Adverse Reactions: Complete blood studies, including platelet counts, and evaluation of hepatic and renal function and urinalysis should be carried out before treatment is instituted. Careful clinical and laboratory supervision should be maintained throughout treatment, including frequent performance of complete blood counts, in order to detect any early signs or symptoms or blood dyscrasia. Should any signs or symptoms or abnormal laboratory findings suggestive of blood dyscrasia or liver disorder occur, Tegretol should be immediately discontinued until the case is carefully reassessed.

Urinary Retention and Increased Intraocular Pressure: Because of its anticholinergic action, Tegretol should be given cautiously, if at all, to patients with increased intraocular pressure or urinary retention. Such patients should be followed closely while taking the drug.

Occurrence of Behavioural Disorders: Because it is closely related to the other tricyclic drugs, there is some possibility that Tegretol might activate a latent psychosis, or, in elderly patients, produce agitation or confusion, especially when combined with other drugs. Caution should also be exercised in alcoholics.

Use in Patients with Cardiovascular Disorders: Tegretol should be used cautiously in patients with a history of coronary artery disease, organic heart disease, or congestive failure. If a defective conductive system is suspected, an E.K.G. should be performed before administering Tegretol, in order to exclude patients with atrioventricular block.

Use in Patients taking Oral Contraceptives: In women under treatment with Tegretol, the reliability of oral contraceptives may be adversely affected; such patients should accordingly be advised to use some alternative, non-hormonal method of contraception.

Driving and Operating Hazardous Machinery: Because dizziness and drowsiness are possible side effects of Tegretol, patients should be warned about the possible hazards of operating machinery or driving automobiles.

Adverse Reactions

The reactions which have been most frequently reported with Tegretol are drowsiness, unsteadiness on the feet, vertigo, dizziness, gastrointestinal disturbances, and nausea. These reactions usually occur only during the initial phase of therapy. They have rarely necessitated discontinuing Tegretol therapy, and can be minimized by initiating treatment at a low dosage.

The more serious adverse reactions observed are the haematologic, hepatic, cardiovascular and dermatologic reactions, which require discontinuation of therapy.

The following adverse reactions have been reported:

Haematological reactions: Transitory leucopenia, eosinophilia, leucocytosis, thrombocytopenic purpura, agranulocytosis, macrocytic anemia and aplastic anemia. In a few instances, deaths have occurred.

Hepatic disturbances: During the long-term administration of Tegretol abnormalities in liver function tests and cholestatic or hepatocellular jaundice have been observed.

Dermatological reactions: The following reactions occurred during treatment with Tegretol: skin sensitivity reactions and rashes, erythematous rashes, pruritic eruptions, urticaria, photosensitivity, pigmentary changes, neurodermatitis and in rare cases Stevens-Johnson syndrome, exfoliative dermatitis, alopecia, diaphoresis, erythema multiforme, erythema nodosm, and aggravation of disseminated lupus erythematosus.

Neurological reactions: The reactions reported as occurring during treatment with Tegretol include vertigo, somnolence, disturbances of coordination, confusion, headache, fatigue, blurred vision, transient diplopia and oculomotor disturbances, speech disturbances, abnormal involuntary movements and increase in motor seizures. In addition, peripheral neuritis and paresthesia, depression with agitation, talkativeness, nystagmus, and tinnitus have been reported but only very rarely. There have been some reports of paralysis and other symptoms of cerebral arterial insufficiency but no conclusive relationship to the administration of Tegretol could be established.

Cardiovascular systems: Recurrence of thrombophlebitis in patients with a prior history of thrombophlebitis, congestive heart failure, aggravation of hypertension, Stokes-Adams in patients with AV block, hypotension, syncope and collapse, edema, aggravation of coronary artery disease. Some of these complications (including myocardial infarction and arrhythmia) have been associated with other tricyclic compounds.

Genitourinary reactions: Urinary frequency, acute urinary retention, oliguria with elevated blood pressure, and impotence, Elevation of BUN, albuminuria and glycosuria also have been observed.

Digestive tract: Disturbances associated withn Tegretol therapy have included nausea, vomiting, gastric or abdominal discomfort, diarrhoea, anorexia and dryness of the mouth and throat, glossitis and stomatitis.

Eyes: There is no conclusive evidence that Tegretol produces pathological changes in the cornea, lens or retina. However, it should be recognized that many phenothiazines and related drugs have been shown to cause eye changes. By analogy, periodic eye examinations, including slitlamp fundoscopy and tonometry, are recommended.

Other reactions reported during treatment with Tegretol include fever and chills, lymphadenopathy, aching joints and muscles, leg cramps and conjunctivitis.

Dosage and Administration

Use in Epilepsy (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 depending on the severity of the case and previous therapeutic history. The initial dosage is progressively increased, until the best response is obtained, up to 600 mg daily. The usual optimal dosage is 600 mg daily, but occasionally dosage up to 800 to 1000 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.

Use in-trigeminal neuralgia: The initial daily dosage should be small; 200 mg, taken in two doses of 100 mg each is recommended. The total daily dosage can be increased by 200 mg per day until relief of pain is obtained. This is usually achieved at a dosage between 200 and 800 mg daily, but occasionally up to 1200 mg per day 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 of the drug in trigeminal neuralgia is not recommended.

Tegretol should be taken in two or three divided doses daily, with meals whenever possible.

Dosage Forms

Tegretol is available as a 200 mg white, round, flat bevelled edge single-scored tablet, engraved with Geigy signet.

Availability

Bottles of 50 and 500 tables. Protect from heat and humidity.

Full information available on request.

Geigy

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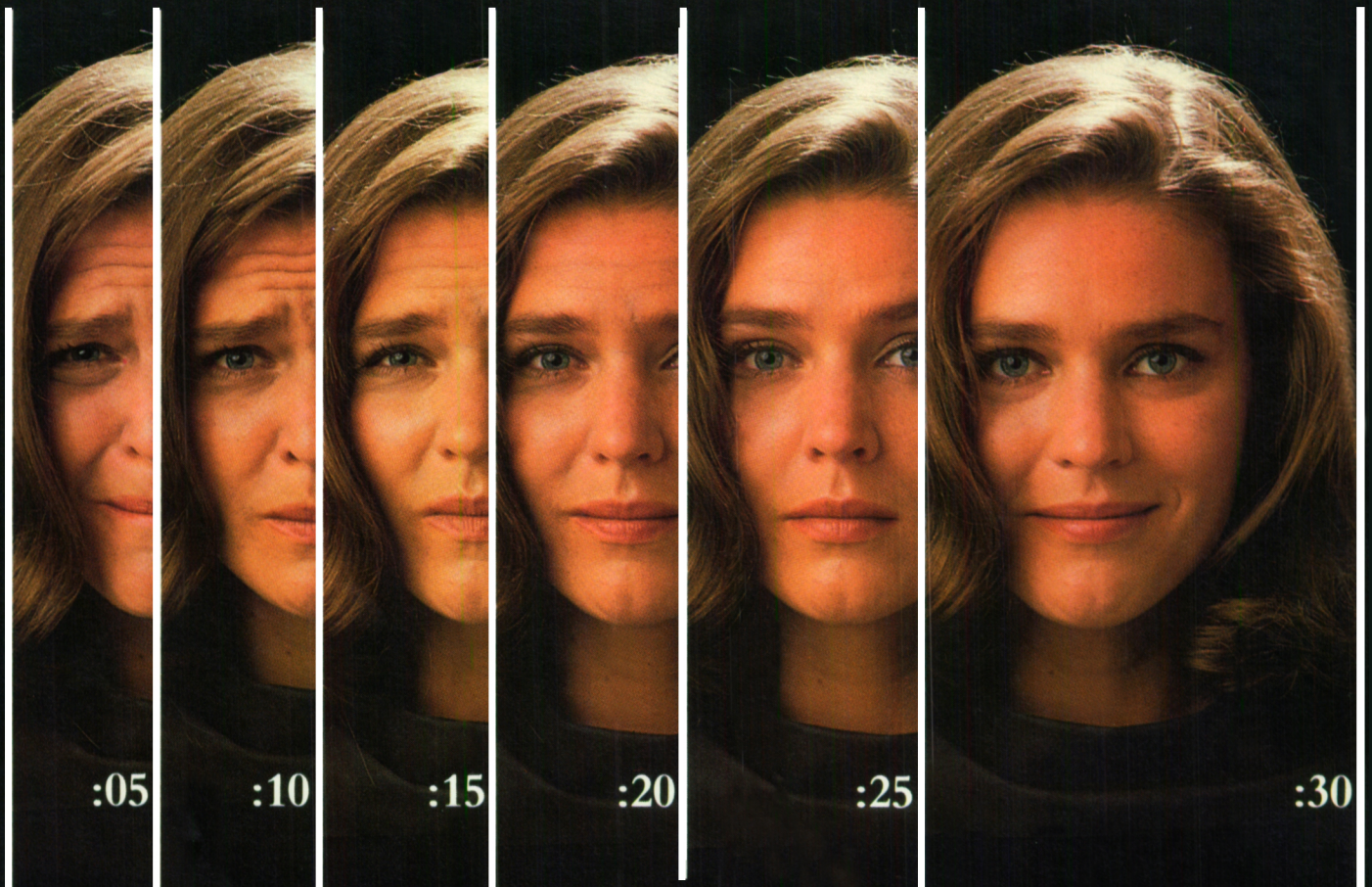

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