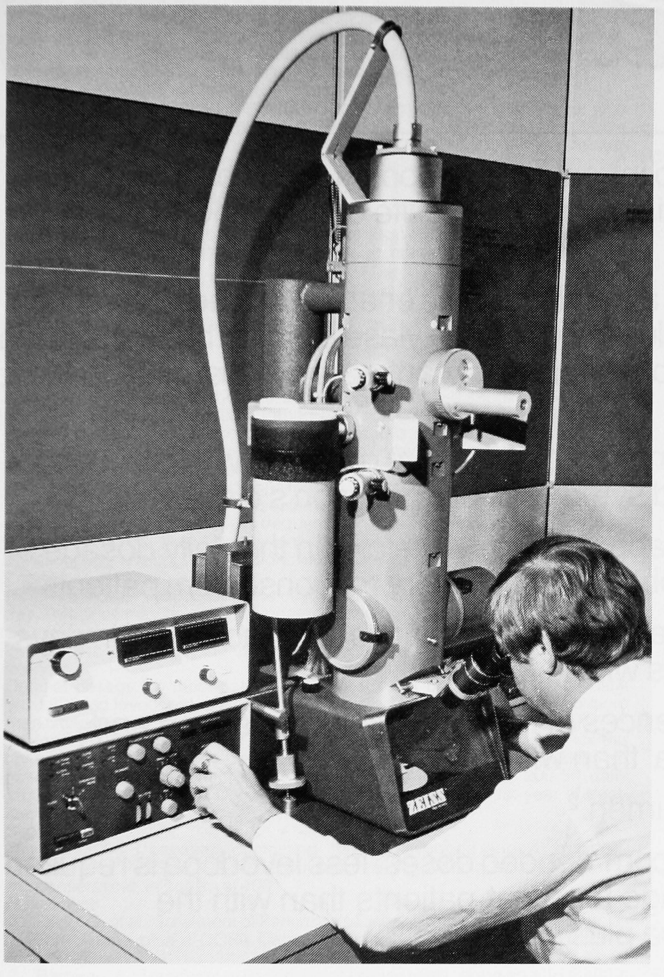
Are you ready for electron microscopy?



If you are involved with ultra-structures you must consider an electron microscope. Here is why.

Small scale malignant tumors of different histogenetic origin and with different prognosis and treatment normally have a similar appearance under optical microscopes and they can only be differentiated using an electron microscope.

The electron microscope is the only diagnostic analytical instrument available with the magnification capabilities required for examination and determination of carcinogenic behaviour, viruses, modification of tissue, changes in DNA/RNA ratios, and for other ultra-structure studies.

To meet the needs of to-day's pathologists, diagnosticians, research laboratories, and institutes, Zeiss has introduced its new generation electron microscope model EM109, with:

- Excellent price/performance ratio
- Maximum specimen protection
- Ultra-clean specimen conditions
- Compact size

These features have been achieved through exclusive and patented Zeiss developments, including automatic outside-the-vacuum photography, automatic focusing, and ion getter vacuum pumping. And of course, the EM109 features traditional Zeiss quality built to last.

For complete details on the EM109, contact the Zeiss office nearest you.

Toronto	(416) 449-4660	Guelph	(519) 824-9660
Montreal	(514) 384-3063	Halifax	(902) 422-9614
Vancouver	(604) 984-0451	Ottawa	(613) 232-4576
Calgary	(403) 278-2969	Quebec	(418) 653-7391
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Progress for the Parkinsonian Patient

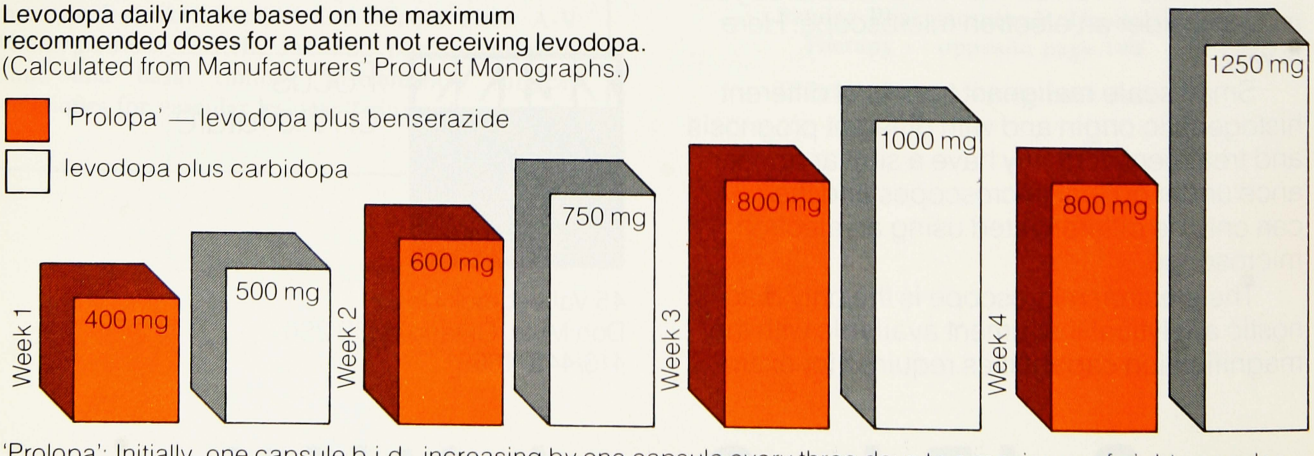
Prolopa®

1971 Roche was the first to introduce levodopa (Larodopa*), a drug which could substantially improve the life of the Parkinsonian patient.

1977 Continuous research and clinical trials enables Roche to introduce 'Prolopa' (levodopa plus the decarboxylase inhibitor benserazide in a 4:1 ratio). 'Prolopa' provides significant advantages for the patient and physician:

- An equal degree of improvement to that obtained with levodopa alone in the signs and symptoms of Parkinson's disease.[1]
- A marked reduction (approximately fivefold) in the daily dosage of levodopa needed to obtain a satisfactory response from patients.[2,3]
- A more rapid clinical response. Maximum benefit achieved in days as opposed to months with levodopa.[4]
- Less frequent occurrences of the side effects of nausea and vomiting with 'Prolopa' than with levodopa only.[5]
- A simpler dosage regimen.[2]
- Within the range of recommended doses, less levodopa is required to reach optimal dosage for most patients than with the combination of L-dopa plus carbidopa.[6]

Levodopa daily intake based on the maximum recommended doses for a patient not receiving levodopa. (Calculated from Manufacturers' Product Monographs.)



'Prolopa': Initially, one capsule b.i.d., increasing by one capsule every three days to a maximum of eight capsules. Combination of levodopa plus carbidopa: Initially ½ tablet b.i.d., increasing by ½ tablet every three days to a maximum of five tablets.

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DISA

TYPE 14G11 AVERAGER

AN ULTRA-MODERN AVERAGER FOR IMPROVING **EMG** AND **EEG** SIGNALS

The DISA 14G11 Averager is a complete self-contained unit inclusive of its own power supply and will operate with any type electromyograph and electroencephalograph.

Features

- Excellent in sensory nerve measurements
- Provides storage facility to a conventional scope
- Improves signal-to-noise ratio by up to 36 dB (64 times)
- Running averaging—no sweep number selection
- Instantaneous normalized output during process
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- Pre-delay from 0 to 50 msec
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14G11 Averager operated with 14A11 1-Channel EMG

- Adds averaging for sensory measurements
- Provides perfect storage facility
- Converts scope to have dual-trace display

For further information please phone or write to:

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